



THOMAS L. GARTHWAITE, M.D.
Director and Chief Medical Officer

FRED LEAF
Chief Operating Officer

COUNTY OF LOS ANGELES
DEPARTMENT OF HEALTH SERVICES
313 N. Figueroa, Los Angeles, CA 90012
(213) 240-8101

BOARD OF SUPERVISORS

Gloria Molina
First District

Yvonne Brathwaite Burke
Second District

Zev Yaroslavsky
Third District

Don Knabe
Fourth District

Michael D. Antonovich
Fifth District

January 27, 2005

The Honorable Board of Supervisors
County of Los Angeles
383 Kenneth Hahn Hall of Administration
500 West Temple Street
Los Angeles, California 90012

Dear Supervisors:

**APPROVAL OF AMENDMENT NO. 1 TO THE COMMUNITY HEALTH COVERAGE
OUTREACH, ENROLLMENT, UTILIZATION, AND RETENTION SERVICES AGREEMENTS
WITH THIRTEEN PROVIDERS**
(All District) (3 Votes)

IT IS RECOMMENDED THAT YOUR BOARD:

Approve and instruct the Director of Health Services, or his designee, to sign Amendment No. 1, substantially similar to Exhibits I, II and III, with thirteen providers identified on Attachment B, to add new Medi-Cal Administrative Activities (MAA) language to allow the Department of Health Services to be reimbursed for MAA costs and approve other technical changes to the agreement, effective upon date of Board approval through June 30, 2008

PURPOSE/JUSTIFICATION OF RECOMMENDED ACTION:

In approving this action, the Board is allowing the Director of Health Services, or his designee, to sign Amendment No. 1 with thirteen community-based providers. The amendments will allow the Department of Health Services (DHS or Department) to revise eleven of the agreements to include new MAA language and make other technical changes. The other two are being amended to revise the agreements for technical changes only.

FISCAL IMPACT/FINANCING:

There are no fiscal changes with this action. Funding for these services is included in the Fiscal Year 2004-05 Final Budget and will be requested in future years as needed.

This action allows the Department to be eligible for federal reimbursement of costs involving MAA performed services. Since MAA claiming is a new activity for the contracted services, discussions are taking place on the use of the MAA funds. The Department will return to the Board as needed.

FACTS AND PROVISIONS/LEGAL REQUIREMENTS:

On July 11, 2002, First 5 LA approved \$100 million over five years to fund Healthy Kids, an initiative to provide health coverage to children ages 0-5. The Healthy Kids Initiative provides outreach and health coverage for children ages 0-5 whose family income is no more than 300% of the Federal Poverty Level (FPL) and who are not eligible for Medi-Cal or Healthy Families.

On March 13, 2003, First 5 LA approved a strategic partnership with DHS for up to \$4,660,776 per year for five years to administer the outreach, enrollment, retention, and utilization component of Healthy Kids and, on May 13, 2003, the Board approved the agreement. DHS currently administers a similar program that is funded through Long Term Family Self Sufficiency funding.

On July 1, 2003, the Board approved 15 Community Health Coverage Outreach, Enrollment, Utilization and Retention Service Agreements in the amount of \$4,101,930, effective July 1, 2003 through June 30, 2004 with provisions for up to four 12-month automatic renewals. The 15 agreements allow community-based agencies to enroll children into Medi-Cal, Healthy Kids, and other health coverage programs within Los Angeles County.

Amendment No. 1 allows the Department to revise the language in 13 of the 15 agreements approved by the Board on July 1, 2003. This Amendment allows for the revision of Billing and Payment Section of the Agreement to include new MAA language to 11 agreements listed on Attachment B and also to include additional required language to 3 of the agreements where the agencies are Federally Qualified Health Centers. The amendment also allows for the revision of the Scope of Work for all of the 13 providers agreements listed on Attachment B.

The agreements involving MAA performed services are eligible for federal reimbursement of costs. However, in order to claim any costs, the affected agreements need to be amended to reflect required MAA participation and annual time survey language. The contractors are required to conduct time studies for the MAA activities performed. The agreements with the City of Long Beach and the City of Pasadena are amended only for revision of the Scope of Work since they already participate in the MAA program.

The MAA language and the Scope of Work changes do not apply to the school based agencies which include the Los Angeles Unified School District and the Los Angeles Office of Education agreements, which were also approved on July 1, 2003, since they already participate in the MAA program and their Scope of Work is unique for these agencies and does not require changes.

The Department worked with the law firm of Foley Lardner to develop the new MAA language included in the agreements.

The Honorable Board of Supervisors
January 27, 2005
Page 3

CONTRACTING PROCESS:

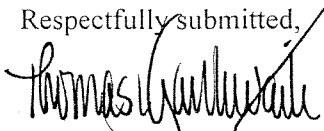
Not applicable.

IMPACT ON CURRENT SERVICES (OR PROJECTS):

Approval of the recommendation will allow DHS to recover MAA eligible reimbursement and continue the private/public collaborative efforts of schools, local health departments, and community-based agencies to enroll children into Medi-Cal, Healthy Families, Healthy Kids, and other health coverage programs.

When approved, this Department requires three signed copies of the Board's action.

Respectfully submitted,

A handwritten signature in black ink, appearing to read "Thomas D. Garthwaite", written over a horizontal line.

Thomas D. Garthwaite, M.D.
Director and Chief Medical Officer

TLG.rm

Attachments (4)

c: Chief Administrative Officer
County Counsel
Executive Officer, Board of Supervisors

BLET3663.RM
1/24/05

SUMMARY

1. **TYPE OF SERVICE:**

Community Health Coverage Outreach, Enrollment, Utilization and Retention services for Healthy Kids, Medi-Cal, Healthy Families and other no and low cost health coverage programs to increase access to health care.

2. **AGENCY ADDRESS AND CONTACT PERSON:**

See Attachment B.

3. **TERM:**

Effective date of Board approval through June 30, 2005, with four 12-month automatic renewals through Fiscal Year (FY) 2007-08.

4. **FINANCIAL INFORMATION:**

There are no fiscal changes with this action. Funding for these services is included in the Fiscal Year 2004-05 Final Budget and will be requested in future years as needed.

This action allows the Department to be eligible for federal reimbursement of costs involving MAA performed services. Since MAA claiming is a new activity for the contracted services, discussions are taking place on the use of the MAA funds. The Department will return to the Board as needed.

5. **GEOGRAPHIC AREA TO BE SERVED:**

Countywide.

6. **ACCOUNTABLE FOR MONITORING AND EVALUATION:**

Cynthia Harding, Director, Maternal, Child and Adolescent Health

7. **APPROVALS:**

Public Health: John F. Schunhoff, Ph.D., Chief of Operations

Contracts and Grants Administration: Irene E. Riley, Director

County Counsel (approval as to form): Robert E. Ragland, Senior Deputy County Counsel

**COMMUNITY HEALTH COVERAGE; OUTREACH, ENROLLMENT AND RETENTION SERVICES
CONTRACTOR RECOMMENDATIONS**

SERVICE PLANNING AREA BASED SERVICES			
Contractor/Contact Person		Contact Term 7/03-6/04	Maximum Obligation Annual
1.	Catholic Healthcare West Southern California DBA California Hospital Medical Center 1401 South Grand Avenue Los Angeles, California 90015 (213) 742-5893 FAX (213)742-5875 Mark Meyers, President <u>SPA:</u> 4 and 6	\$347,858	\$347,858
2.	Citrus Valley Health Partners 1115 South Sunset Avenue West Covina, California 91790 (626) 938-7577 FAX (626) 859-5865 James T. Yoshioka, President <u>SPA:</u> 3	\$346,729	\$346,729
3.	Community Health Councils, Inc. 3761 Stocker, Suite 201 Los Angeles, California 90008 (323) 295-9372 FAX (323) 295-9467 Lark Galloway-Gilliam, Executive Director <u>SPA:</u> 6 and 8	\$382,116	\$382,116
4.	Crystal Stairs, Inc. 650 W. Adams Blvd, Suite 100 Los Angeles, California 90007 (323) 421-1126 FAX (323) 421-2480 Alice Walker-Duff, Ph.D., Executive Director <u>SPA:</u> 6, 7, and 8	\$630,071	\$630,071

**COMMUNITY HEALTH COVERAGE; OUTREACH, ENROLLMENT AND RETENTION SERVICES
CONTRACTOR RECOMMENDATIONS**

5.	Glendale Adventist Medical Center 1509 Wilson Terrace Glendale, CA 91206-4007 (818) 409-8008 FAX (818)546-5688 Bruce Nelson, Director of Community Services <u>SPA</u> : 2	\$238,881	\$238,881
SERVICE PLANNING AREA BASED SERVICES CONTINUED			
	Contractor/Contact Person	Contact Term 7/03-6/04	Maximum Obligation Annual
6.	Alta Med Health Services Corporation 500 Citadel Drive, Suite 490 Los Angeles, CA 90040 (323) 889-7342 FAX (323) 889-7399 Castulo de la Rocha, President <u>SPA</u> : 7 - Federally Qualified Health Center (FQHC)	\$321,970	\$321,970
7.	Maternal and Child Health Access 1111 West 6th Street, Suite 400 Los Angeles, California 90017-1800 (213) 749-4261 FAX (213) 745-1040 Lynn Kersey, Executive Director <u>SPAs</u> : 4 and 6	\$350,000	\$350,000
8.	Asian Pacific Health Care Venture, Inc. FQHC 1530 Hillhurst Avenue, Suite 200 Los Angeles, California 90027 (323) 644-3880 FAX (323) 644-3892 Kazue Shibata, Executive Director <u>SPAs</u> : 2, 3, 4, and 7	\$302,525	\$302,525

**COMMUNITY HEALTH COVERAGE; OUTREACH, ENROLLMENT AND RETENTION SERVICES
CONTRACTOR RECOMMENDATIONS**

9.	Tarzana Treatment Center, Inc. 18646 Oxnard Street Tarzana, California 91356 (818) 996-1051 FAX (818) 345-3778 Albert M. Senella, Chief Operating Officer <u>SPAs</u> : 1 and 2	\$304,296	\$304,296
10.	Venice Family Clinic - FQHC 604 Rose Avenue Venice, California 90291 (310) 644-7901 FAX (310) 314-7641 Elizabeth Benson Forer, Executive Director <u>SPA</u> : 5	\$144,592	\$144,592
SPA BASED TOTAL		\$3,369,038	\$3,369,038
TRAINING			
11.	Contractor/Contact Person	Contact Term 7/03-6/04	Maximum Obligation Annual
	National Health Foundation 515 South Figueroa Street Los Angeles, California 90071 (213) 538-0708 FAX (213) 629-4272 Marlene Larson, Vice President, COO Service Area: Countywide	\$250,000	\$250,000
TRAINING TOTAL		\$250,000	\$250,000

**COMMUNITY HEALTH COVERAGE; OUTREACH, ENROLLMENT AND RETENTION SERVICES
CONTRACTOR RECOMMENDATIONS**

CITY SOLE SOURCE AGREEMENTS			
	Contractor/Contact Person	Contact Term 7/03-6/04	Maximum Obligation Annual
12.	City of Long Beach Department of Health and Human Services 2525 Grand Avenue Long Beach, CA 90815 Ronald R. Arias, Director Service Area: City of Long Beach	\$132,892	\$132,892
13.	City of Pasadena Public Health Department 1845 N. Fair Oaks Avenue Pasadena, CA 91103 Cynthia Kurtz, City Manager Service Area: City of Pasadena	\$50,000	\$50,000
CITY SOLE SOURCE TOTAL		\$182,892	\$182,892
SCHOOL BASED SOLE SOURCE AGREEMENTS			
	Contractor/Contact Person	Contact Term 7/03-6/04	Maximum Obligation Annual

**COMMUNITY HEALTH COVERAGE; OUTREACH, ENROLLMENT AND RETENTION SERVICES
CONTRACTOR RECOMMENDATIONS**

14.	Los Angeles County Office of Education 9300 Imperial Highway, Room 312 Downey, California 90242 (562) 922-6381 FAX (562) 922-6299 Phil Kauble, Director Service Area: Countywide	\$150,000	\$150,000
15.	Los Angeles Unified School District 644 West 17 th Street Los Angeles, California 90015 (213) 241-3096 FAX (213) 241-8945 Sharon Thomas, Contract Supervisor Service Area: Countywide	\$150,000	\$150,000
SCHOOL BASED SOLE SOURCE TOTAL		\$300,000	\$300,000

SERVICE	Contact Term 7/03-6/04	Maximum Obligation Annual
SPA BASED TOTAL	\$3,369,038	\$3,369,038
TRAINING SOLE SOURCE TOTAL	\$250,000	\$250,000
CITY SOLE SOURCE TOTAL	\$182,892	\$182,892
SCHOOL BASED SOLE SOURCE TOTAL	\$300,000	\$300,000
PROJECT TOTAL	\$4,101,930	\$4,101,930

BLETC3663.rm.attachB

Contract No. _____

COMMUNITY HEALTH COVERAGE AGREEMENT:
(OUTREACH, ENROLLMENT, UTILIZATION AND RETENTION SERVICE)

AMENDMENT NO. 1

THIS AMENDMENT is made and entered into this
_____ day of _____, 2004,

by and between
COUNTY OF LOS ANGELES

(hereafter "County"),

and

_____ (hereafter
"Contractor").

WHEREAS, reference is made to that certain document
entitled "COMMUNITY HEALTH COVERAGE AGREEMENT" dated July 1,
2003 and further identified as County Agreement No. H-_____
(hereafter "Agreement"); and

WHEREAS, it is the intent of the parties hereto to amend
Agreement to make billing and payment modifications and other
hereinafter designated changes.

WHEREAS, said Agreement provides that changes may be made in
the form of a written amendment which is formally approved and
executed by the parties.

NOW, THEREFORE, the parties hereto agree as follows:

1. This Amendment shall become effective upon the date
of Board approval.

2. Paragraph 12, BILLING AND PAYMENT, of the ADDITIONAL PROVISIONS of Agreement, shall be deleted in its entirety and replaced with the following:

"12. BILLING AND PAYMENT: County shall compensate Contractor for actual reimbursable net costs incurred by Contractor in performing services hereunder.

A. Monthly Billing: Contractor shall bill County monthly in arrears. All billings shall clearly reflect all required information as specified on billing forms provided by County regarding the services for which claims are to be made and any and all payments made to Contractor by, or on behalf of, clients/patients. Billings shall be submitted to County within fifteen (15) calendar days after the close of each calendar month. Within a reasonable period of time following receipt of a complete and correct monthly billing, County shall make payment in accordance with the schedule(s) attached hereto.

B. Medi-Cal Administrative Activities Claiming: As a condition of receipt of payment for activities that are performed by Contractor, which are claimable under the Medi-Cal Administrative Activities ("MAA") Program,

Contractor shall be responsible for complying with the following:

(1) Contractor must perform MAA allowable activities consistent with the MAA claiming plan and the rules governing the MAA Program. (Welfare and Institutions Code 14132.47; MAA LGA Provider Manual; State Department of Health Services Policy and Procedure Letters).

(2) Contractor shall participate in the County's Annual Time Survey for purposes of the MAA program. Additionally, Contractor must ensure that all time coded on the Annual Time Survey has been checked for accuracy prior to submission to the County and signed by an authorized supervisor attesting to this fact. Copies of all staff time surveys must be submitted to the County with summary spreadsheet according to the timeframes established by the County.

(3) Contractor is responsible to ensure that MAA claims do not duplicate Medi-Cal claims for the same activities from other providers.

(4) Contractor is responsible to ensure that all costs associated with MAA claims are properly segregated from costs that are reimbursable under any other state or federal health care program and all other non allowable costs.

C. County Audit Settlement:

(1) If any audit conducted by Federal, State, and/or County representatives finds that actual reimbursable net costs for any services furnished hereunder are lower than the payments made thereof by County, and/or if it is determined by such audit that any payments made by County for a particular service is for costs which are not reimbursable pursuant to provisions of this Agreement, then the difference shall be repaid by Contractor.

(2) If within forty-five (45) calendar days of termination of the contract period, such audit finds that the allowable costs of services furnished hereunder are higher than the payments made by County, then the difference may be paid to Contractor.

D. In no event shall County be required to reimburse Contractor for those costs of services provided hereunder which are covered by revenue from or on behalf of clients/patients or which are covered by funding from other governmental contracts or grants.

E. In no event shall County be required to pay Contractor more for all services provided hereunder than the maximum obligation of County as set forth in the MAXIMUM OBLIGATION OF COUNTY Paragraph of this Agreement, unless otherwise revised or amended under the terms of this Agreement.

F. Prior authorization, in writing, shall be required to claim reimbursement for travel outside Los Angeles County unless such expense is approved in the contract budget. Request for authorization shall be made in writing to Director and shall include the travel dates, locations, purpose/agenda, participants, and costs.

G. Withholding Payment:

(1) Subject to the reporting and data requirements of this Agreement and the exhibit(s) attached hereto, County may withhold any claim for payment by Contractor if any report or data is not delivered by Contractor to County within the time limits of submission as set forth in this Agreement, or if such report or data is incomplete in accordance with requirements set forth in

this Agreement. This withholding may be invoked for any succeeding month or months for reports or data not delivered in a complete and correct form for any given month.

(2) Subject to the provisions of the TERM and ADMINISTRATION Paragraphs of this Agreement, and the exhibits(s) attached hereto, County may withhold any claim for payment by Contractor if Contractor has been given at least thirty (30) calendar days' notice of deficiency(ies) in compliance with the terms of this Agreement and has failed to correct such deficiency(ies). This withholding may be invoked for any succeeding month or months for deficiency(ies) not corrected.

(3) Upon acceptance by County of all report(s) and data previously not accepted under this provision and/or upon correction of the deficiency(ies) noted above, County shall reimburse all withheld payments on the next regular monthly claim for payment by Contractor.

(4) Subject to the provisions of the exhibit(s) of this Agreement, if the services are not completed by Contractor within the specified time, County may withhold all payments to Contractor under this Agreement between County and Contractor until proof of such services is delivered to County.

(5) In addition to Subparagraphs (1) through (4) immediately above, Director may withhold claims for payment by Contractor which are delinquent amounts due to County as determined by an audit report settlement, or financial evaluation report, resulting from this or prior years' Agreement(s).

H. Contractor agrees to reimburse County for any Federal, State, or County audit exceptions resulting from noncompliance herein on the part of Contractor or any subcontractor.

3. Paragraph 31, TERMINATION FOR CONVENIENCE of the ADDITIONAL PROVISIONS of Agreement, shall be revised to read as follows:

"31. TERMINATION FOR CONVENIENCE: The performance of services under this Agreement may be terminated, with or without cause, in whole or in part, from time

to time when such action is deemed by County to be in its best interest. Termination of services hereunder shall be effected by delivery to Contractor of a thirty (30) day advance Notice of Termination specifying the extent to which performance of services under this Agreement is terminated and the date upon which such termination becomes effective.

After receipt of a Notice of Termination and except as otherwise directed by County, Contractor shall:

A. Stop services under this Agreement on the date and to the extent specified in such Notice of Termination; and

B. Complete performance of such part of the services as shall not have been terminated by such Notice of Termination.

After receipt of a Notice of Termination, Contractor shall submit to County, in the form and with the certifications as may be prescribed by County, its termination claim and invoice. Such claim and invoice shall be submitted promptly, but not later than sixty (60) calendar days from the effective date of termination. Upon failure of Contractor to submit its termination claim and invoice within the time allowed, County may determine on the basis of information available to County, the amount, if

any, due to Contractor in respect to the termination, and such determination shall be final. After such determination is made, County shall pay Contractor the amount so determined.

Contractor, for a period of five (5) years after final settlement under this Agreement, shall make available to County, at all reasonable times, all its books, records, documents, or other evidence bearing on the costs and expenses of Contractor under this Agreement in respect to the termination of services hereunder.

4. Paragraph 46, CONTRACTOR RESPONSIBILITY AND DEBARMENT, of the ADDITIONAL PROVISIONS of Agreement, shall be revised to read as follows:

"46. CONTRACTOR RESPONSIBILITY AND DEBARMENT:

A. A responsible contractor is a contractor who has demonstrated the attribute of trustworthiness, as well as quality, fitness, capacity, and experience to satisfactorily perform the contract. It is County's policy to conduct business only with responsible contractors.

B. Contractor is hereby notified that, in accordance with Chapter 2.202 of the County Code, if County acquires information concerning the performance of Contractor under this Agreement or other contracts, which indicates that Contractor is not responsible, County may, in addition to other remedies provided under this Agreement, debar Contractor from bidding on County contracts for a specified period of time not to exceed three (3) years, and terminate this Agreement and any or all existing contracts Contractor may have with County.

C. County may debar Contractor if the Board of Supervisors finds, in its discretion, that Contractor has done any of the following: (1) violated any term of this

Agreement or other contract with County, (2) committed any act or omission which negatively reflects on Contractor's quality, fitness, or capacity to perform a contract with County or any other public entity, or engaged in a pattern or practice which negatively reflects on same, (3) committed an act or offense which indicates a lack of business integrity or business honesty, or (4) made or submitted a false claim against County or any other public entity.

D. If there is evidence that Contractor may be subject to debarment, Director will notify Contractor in writing of the evidence which is the basis for the proposed debarment and will advise Contractor of the scheduled date for a debarment hearing before County's Contractor Hearing Board.

E. The Contractor Hearing Board will conduct a hearing where evidence on the proposed debarment is presented. Contractor shall be given an opportunity to submit evidence at that hearing. After the hearing, the Contractor Hearing Board shall prepare a proposed decision, which shall contain a recommendation regarding whether

Contractor should be debarred, and, if so, the appropriate length of time of the debarment. If Contractor fails to avail itself of the opportunity to submit evidence to the Contractor Hearing Board, Contractor shall be deemed to have waived all rights of appeal.

F. A record of the hearing, the proposed decision, and any other recommendation of the Contractor Hearing Board shall be presented to the Board of Supervisors. The Board of Supervisors shall have the right at its sole discretion to modify, deny, or adopt the proposed decision and recommendation of the Contractor Hearing Board.

G. These terms shall also apply to any subcontractors of Contractor, vendor, or principal owner of Contractor, as defined in Chapter 2.202 of the County Code.

5. As of the effective date of this Amendment, Exhibits A-2, A-3, A-4 and A-5 shall be replaced by Exhibits A-2.1, A-3.1, A-4.1 and A-5.1, as attached hereto and incorporated herein by reference.

6. Except for the changes set forth hereinabove, Agreement shall not be changed in any other respect by this Amendment.

IN WITNESS WHEREOF, the Board of Supervisors of the
County of Los Angeles has caused this Amendment to be subscribed
by its

/

/

/

/

/

/

/

/

/

/

/

/

/

/

/

/

/

/

/

/

Director of Health Services, and Contractor has caused this Amendment to be subscribed in its behalf by its duly authorized officer, the day, month, and year first above written.

COUNTY OF LOS ANGELES

By _____
Thomas L. Garthwaite, M.D.
Director and Chief Medical Officer

Contractor

By _____
Signature

Print Name

Title _____
(AFFIX CORPORATE SEAL)

APPROVED AS TO FORM
BY THE OFFICE OF THE COUNTY COUNSEL
Raymond G. Fortner Jr.

APPROVED AS TO CONTRACT
ADMINISTRATION:

Department of Health Services

By _____
Cara O'Neill, Chief
Contracts and Grants Division

11/18/04
AMENDCD .RM

Contract No. _____

COMMUNITY HEALTH COVERAGE AGREEMENT:
(OUTREACH, ENROLLMENT, UTILIZATION AND RETENTION SERVICE)

AMENDMENT NO. 1

THIS AMENDMENT is made and entered into this
_____ day of _____, 2004,

by and between
COUNTY OF LOS ANGELES

(hereafter "County"),

and

_____ (hereafter
"Contractor").

WHEREAS, reference is made to that certain document
entitled "COMMUNITY HEALTH COVERAGE AGREEMENT" dated July 1,
2003 and further identified as County Agreement No. H-_____
(hereafter "Agreement"); and

WHEREAS, it is the intent of the parties hereto to amend
Agreement to make billing and payment modifications and other
hereinafter designated changes.

WHEREAS, said Agreement provides that changes may be made in
the form of a written amendment which is formally approved and
executed by the parties.

NOW, THEREFORE, the parties hereto agree as follows:

1. This Amendment shall become effective upon the date
of Board approval.

2. Paragraph 12, BILLING AND PAYMENT, of the ADDITIONAL PROVISIONS of Agreement, shall be deleted in its entirety and replaced with the following:

"12. BILLING AND PAYMENT: County shall compensate Contractor for actual reimbursable net costs incurred by Contractor in performing services hereunder.

A. Monthly Billing: Contractor shall bill County monthly in arrears. All billings shall clearly reflect all required information as specified on billing forms provided by County regarding the services for which claims are to be made and any and all payments made to Contractor by, or on behalf of, clients/patients. Billings shall be submitted to County within fifteen (15) calendar days after the close of each calendar month. Within a reasonable period of time following receipt of a complete and correct monthly billing, County shall make payment in accordance with the schedule(s) attached hereto.

B. Medi-Cal Administrative Activities Claiming: As a condition of receipt of payment for activities that are performed by Contractor, which are claimable under the Medi-Cal Administrative Activities ("MAA") Program,

Contractor shall be responsible for complying with the following, **as allowed by law**:

(1) Contractor must perform MAA allowable activities consistent with the MAA claiming plan and the rules governing the MAA Program. (Welfare and Institutions Code 14132.47; MAA LGA Provider Manual; State Department of Health Services Policy and Procedure Letters).

(2) Contractor shall participate in the County's Annual Time Survey for purposes of the MAA program. Additionally, Contractor must ensure that all time coded on the Annual Time Survey has been checked for accuracy prior to submission to the County and signed by an authorized supervisor attesting to this fact. Copies of all staff time surveys must be submitted to the County with summary spreadsheet according to the timeframes established by the County.

(3) Contractor is responsible to ensure that MAA claims do not duplicate Medi-Cal claims for the same activities from other providers.

(4) Contractor is responsible to ensure that all costs associated with MAA claims are properly segregated from costs that are reimbursable under any other state or federal health care program and all other non allowable costs.

C. County Audit Settlement:

(1) If any audit conducted by Federal, State, and/or County representatives finds that actual reimbursable net costs for any services furnished hereunder are lower than the payments made thereof by County, and/or if it is determined by such audit that any payments made by County for a particular service is for costs which are not reimbursable pursuant to provisions of this Agreement, then the difference shall be repaid by Contractor.

(2) If within forty-five (45) calendar days of termination of the contract period, such audit finds that the allowable costs of services furnished hereunder are higher than the payments made by County, then the difference may be paid to Contractor.

D. In no event shall County be required to reimburse Contractor for those costs of services provided hereunder which are covered by revenue from or on behalf of clients/patients or which are covered by funding from other governmental contracts or grants.

E. In no event shall County be required to pay Contractor more for all services provided hereunder than the maximum obligation of County as set forth in the MAXIMUM OBLIGATION OF COUNTY Paragraph of this Agreement, unless otherwise revised or amended under the terms of this Agreement.

F. Prior authorization, in writing, shall be required to claim reimbursement for travel outside Los Angeles County unless such expense is approved in the contract budget. Request for authorization shall be made in writing to Director and shall include the travel dates, locations, purpose/agenda, participants, and costs.

G. Withholding Payment:

(1) Subject to the reporting and data requirements of this Agreement and the exhibit(s) attached hereto, County may withhold any claim for payment by Contractor if any report or data is not delivered by Contractor to County within the time limits of submission as set forth in this Agreement, or if such report or data is incomplete in accordance with requirements set forth in

this Agreement. This withholding may be invoked for any succeeding month or months for reports or data not delivered in a complete and correct form for any given month.

(2) Subject to the provisions of the TERM and ADMINISTRATION Paragraphs of this Agreement, and the exhibits(s) attached hereto, County may withhold any claim for payment by Contractor if Contractor has been given at least thirty (30) calendar days' notice of deficiency(ies) in compliance with the terms of this Agreement and has failed to correct such deficiency(ies). This withholding may be invoked for any succeeding month or months for deficiency(ies) not corrected.

(3) Upon acceptance by County of all report(s) and data previously not accepted under this provision and/or upon correction of the deficiency(ies) noted above, County shall reimburse all withheld payments on the next regular monthly claim for payment by Contractor.

(4) Subject to the provisions of the exhibit(s) of this Agreement, if the services are not completed by Contractor within the specified time, County may withhold all payments to Contractor under this Agreement between County and Contractor until proof of such services is delivered to County.

(5) In addition to Subparagraphs (1) through (4) immediately above, Director may withhold claims for payment by Contractor which are delinquent amounts due to County as determined by an audit report settlement, or financial evaluation report, resulting from this or prior years' Agreement(s).

H. Contractor agrees to reimburse County for any Federal, State, or County audit exceptions resulting from noncompliance herein on the part of Contractor or any subcontractor."

3. Paragraph 31, TERMINATION FOR CONVENIENCE of the ADDITIONAL PROVISIONS of Agreement, shall be revised to read as follows:

"31. TERMINATION FOR CONVENIENCE: The performance of services under this Agreement may be terminated, with or without cause, in whole or in part, from time

to time when such action is deemed by County to be in its best interest. Termination of services hereunder shall be effected by delivery to Contractor of a thirty (30) day advance Notice of Termination specifying the extent to which performance of services under this Agreement is terminated and the date upon which such termination becomes effective.

After receipt of a Notice of Termination and except as otherwise directed by County, Contractor shall:

A. Stop services under this Agreement on the date and to the extent specified in such Notice of Termination; and

B. Complete performance of such part of the services as shall not have been terminated by such Notice of Termination.

After receipt of a Notice of Termination, Contractor shall submit to County, in the form and with the certifications as may be prescribed by County, its termination claim and invoice. Such claim and invoice shall be submitted promptly, but not later than sixty (60) calendar days from the effective date of termination. Upon failure of Contractor to submit its termination claim and invoice within the time allowed, County may determine on the basis of information available to County, the amount, if

any, due to Contractor in respect to the termination, and such determination shall be final. After such determination is made, County shall pay Contractor the amount so determined.

Contractor, for a period of five (5) years after final settlement under this Agreement, shall make available to County, at all reasonable times, all its books, records, documents, or other evidence bearing on the costs and expenses of Contractor under this Agreement in respect to the termination of services hereunder."

4. Paragraph 46, CONTRACTOR RESPONSIBILITY AND DEBARMENT, of the ADDITIONAL PROVISIONS of Agreement, shall be revised as to read as follows:

"46. CONTRACTOR RESPONSIBILITY AND DEBARMENT:

A. A responsible contractor is a contractor who has demonstrated the attribute of trustworthiness, as well as quality, fitness, capacity, and experience to satisfactorily perform the contract. It is County's policy to conduct business only with responsible contractors.

B. Contractor is hereby notified that, in accordance with Chapter 2.202 of the County Code, if County acquires information concerning the performance of Contractor under this Agreement or other contracts, which indicates that Contractor is not responsible, County may, in addition to other remedies provided under this Agreement, debar Contractor from bidding on County contracts for a specified period of time not to exceed three (3) years, and terminate this Agreement and any or all existing contracts Contractor may have with County.

C. County may debar Contractor if the Board of Supervisors finds, in its discretion, that Contractor has done any of the following: (1) violated any term of this

Agreement or other contract with County, (2) committed any act or omission which negatively reflects on Contractor's quality, fitness, or capacity to perform a contract with County or any other public entity, or engaged in a pattern or practice which negatively reflects on same, (3) committed an act or offense which indicates a lack of business integrity or business honesty, or (4) made or submitted a false claim against County or any other public entity.

D. If there is evidence that Contractor may be subject to debarment, Director will notify Contractor in writing of the evidence which is the basis for the proposed debarment and will advise Contractor of the scheduled date for a debarment hearing before County's Contractor Hearing Board.

E. The Contractor Hearing Board will conduct a hearing where evidence on the proposed debarment is presented. Contractor shall be given an opportunity to submit evidence at that hearing. After the hearing, the Contractor Hearing Board shall prepare a proposed decision, which shall contain a recommendation regarding whether

Contractor should be debarred, and, if so, the appropriate length of time of the debarment. If Contractor fails to avail itself of the opportunity to submit evidence to the Contractor Hearing Board, Contractor shall be deemed to have waived all rights of appeal.

F. A record of the hearing, the proposed decision, and any other recommendation of the Contractor Hearing Board shall be presented to the Board of Supervisors. The Board of Supervisors shall have the right at its sole discretion to modify, deny, or adopt the proposed decision and recommendation of the Contractor Hearing Board.

G. These terms shall also apply to any subcontractors of Contractor, vendor, or principal owner of Contractor, as defined in Chapter 2.202 of the County Code.

5. As of the effective date of this Amendment, Exhibits A-2, A-3, A-4, and A-5 shall be replaced by Exhibits A-2.1, A-3.1, A-4.1, and A-5.1, as attached hereto and incorporated herein by reference.

6. Except for the changes set forth hereinabove, Agreement shall not be changed in any other respect by this Amendment.

IN WITNESS WHEREOF, the Board of Supervisors of the
County of Los Angeles has caused this Amendment to be subscribed
by its

/

/

/

/

/

/

/

/

/

/

/

/

/

/

/

/

/

/

/

Director of Health Services, and Contractor has caused this Amendment to be subscribed in its behalf by its duly authorized officer, the day, month, and year first above written.

COUNTY OF LOS ANGELES

By _____
Thomas L. Garthwaite, M.D.
Director and Chief Medical Officer

Contractor

By _____
Signature

Print Name

Title _____
(AFFIX CORPORATE SEAL)

APPROVED AS TO FORM
BY THE OFFICE OF THE COUNTY COUNSEL
Raymond G. Fortner Jr.

APPROVED AS TO CONTRACT
ADMINISTRATION:

Department of Health Services

By _____
Cara O'Neill, Chief
Contracts and Grants Division

11/18/04
AMENDCD .RM

Contract No. _____

COMMUNITY HEALTH COVERAGE AGREEMENT:
(OUTREACH, ENROLLMENT, UTILIZATION AND RETENTION SERVICE)

AMENDMENT NO. 1

THIS AMENDMENT is made and entered into this
_____ day of _____, 2004,

by and between
COUNTY OF LOS ANGELES

(hereafter "County"),

and

_____ (hereafter
"Contractor").

WHEREAS, reference is made to that certain document
entitled "COMMUNITY HEALTH COVERAGE AGREEMENT" dated July 1,
2003 and further identified as County Agreement No. H-_____
(hereafter "Agreement"); and

WHEREAS, it is the intent of the parties hereto to update
provisions in the Agreement and make other hereinafter
designated changes.

WHEREAS, said Agreement provides that changes may be made in
the form of a written amendment which is formally approved and
executed by the parties.

NOW, THEREFORE, the parties hereto agree as follows:

1. This Amendment shall become effective upon the date
of Board approval.

2. Paragraph 31, TERMINATION FOR CONVENIENCE of the ADDITIONAL PROVISIONS of Agreement, shall be revised to read as follows:

"31. TERMINATION FOR CONVENIENCE: The performance of services under this Agreement may be terminated, with or without cause, in whole or in part, from time to time when such action is deemed by County to be in its best interest. Termination of services hereunder shall be effected by delivery to Contractor of a thirty (30) day advance Notice of Termination specifying the extent to which performance of services under this Agreement is terminated and the date upon which such termination becomes effective.

After receipt of a Notice of Termination and except as otherwise directed by County, Contractor shall:

A. Stop services under this Agreement on the date and to the extent specified in such Notice of Termination; and

B. Complete performance of such part of the services as shall not have been terminated by such Notice of Termination.

After receipt of a Notice of Termination, Contractor shall submit to County, in the form and with the certifications as may be prescribed by County, its termination claim and invoice. Such claim and invoice shall be submitted

promptly, but not later than sixty (60) calendar days from the effective date of termination. Upon failure of Contractor to submit its termination claim and invoice within the time allowed, County may determine on the basis of information available to County, the amount, if any, due to Contractor in respect to the termination, and such determination shall be final. After such determination is made, County shall pay Contractor the amount so determined.

Contractor, for a period of five (5) years after final settlement under this Agreement, shall make available to County, at all reasonable times, all its books, records, documents, or other evidence bearing on the costs and expenses of Contractor under this Agreement in respect to the termination of services hereunder.

3. Paragraph 46, CONTRACTOR RESPONSIBILITY AND DEBARMENT, of the ADDITIONAL PROVISIONS of Agreement, shall be revised to read as follows:

"46. CONTRACTOR RESPONSIBILITY AND DEBARMENT:

A. A responsible contractor is a contractor who has demonstrated the attribute of trustworthiness, as well as quality, fitness, capacity, and experience

to satisfactorily perform the contract. It is County's policy to conduct business only with responsible contractors.

B. Contractor is hereby notified that, in accordance with Chapter 2.202 of the County Code, if County acquires information concerning the performance of Contractor under this Agreement or other contracts, which indicates that Contractor is not responsible, County may, in addition to other remedies provided under this Agreement, debar Contractor from bidding on County contracts for a specified period of time not to exceed three (3) years, and terminate this Agreement and any or all existing contracts Contractor may have with County.

C. County may debar Contractor if the Board of Supervisors finds, in its discretion, that Contractor has done any of the following: (1) violated any term of this Agreement or other contract with County, (2) committed any act or omission which negatively reflects on Contractor's quality, fitness, or capacity to perform a contract with County or any other public entity, or

engaged in a pattern or practice which negatively reflects on same, (3) committed an act or offense which indicates a lack of business integrity or business honesty, or (4) made or submitted a false claim against County or any other public entity.

D. If there is evidence that Contractor may be subject to debarment, Director will notify Contractor in writing of the evidence which is the basis for the proposed debarment and will advise Contractor of the scheduled date for a debarment hearing before County's Contractor Hearing Board.

E. The Contractor Hearing Board will conduct a hearing where evidence on the proposed debarment is presented. Contractor shall be given an opportunity to submit evidence at that hearing. After the hearing, the Contractor Hearing Board shall prepare a proposed decision, which shall contain a recommendation regarding whether Contractor should be debarred, and, if so, the appropriate length of time of the debarment. If Contractor fails to avail itself of the opportunity to submit evidence to the Contractor Hearing Board, Contractor

shall be deemed to have waived all rights of appeal.

F. A record of the hearing, the proposed decision, and any other recommendation of the Contractor Hearing Board shall be presented to the Board of Supervisors. The Board of Supervisors shall have the right at its sole discretion to modify, deny, or adopt the proposed decision and recommendation of the Contractor Hearing Board.

G. These terms shall also apply to any subcontractors of Contractor, vendor, or principal owner of Contractor, as defined in Chapter 2.202 of the County Code.

5. As of the effective date of this Amendment, Exhibits A-2, A-3, A-4 and A-5 shall be replaced by Exhibits A-2.1, A-3.1, A-4.1 and A-5.1, as attached hereto and incorporated herein by reference.

6. Except for the changes set forth hereinabove, Agreement shall not be changed in any other respect by this Amendment.

IN WITNESS WHEREOF, the Board of Supervisors of the County of Los Angeles has caused this Amendment to be subscribed by its

/

/

/

/

/

/

/

/

/

/

/

/

/

/

/

/

Director of Health Services, and Contractor has caused this Amendment to be subscribed in its behalf by its duly authorized officer, the day, month, and year first above written.

COUNTY OF LOS ANGELES

By _____
Thomas L. Garthwaite, M.D.
Director and Chief Medical Officer

Contractor

By _____
Signature

Print Name

Title _____
(AFFIX CORPORATE SEAL)

APPROVED AS TO FORM
BY THE OFFICE OF THE COUNTY COUNSEL
Raymond G. Fortner, Jr.

APPROVED AS TO CONTRACT
ADMINISTRATION:

Department of Health Services

By _____
Cara O'Neill, Chief
Contracts and Grants Division

11/18/04
AMENDCD .RM

EXHIBIT B-2
SCOPE OF WORK

FISCAL YEAR 2004 - 2005

Goal: To increase access to health care by assisting children and their families in Los Angeles County to enroll in health coverage programs and utilize and retain these benefits.

Note: All materials listed under implementation activities and documentation must be kept on file and available for random sampling and auditing by DHS.

Measurable Objective(s)	Implementation Activities	Timeline	METHOD(S) OF EVALUATING OBJECTIVE(S) AND DOCUMENTATION
<p>1.1 By June 30, 2005, Catholic Healthcare West Southern California dba California Hospital Medical Center (CHMC) will have successfully engaged a minimum of 7,500 of the target population in an outreach contact.</p> <p>SPA 4 3,750 SPA 6 3,750</p>	<p>1.1a Review and revise, as needed, outreach protocol including: outreach contact forms/event summary sheets, sign-in sheets, and educational materials. Outreach and educational materials shall be culturally and linguistically appropriate and include information regarding Healthy Kids, Medi-Cal, Healthy Families, public benefits programs and other no or low-cost health programs. Submit to Department of Health Services (DHS) for approval.</p>	By 8/1/04	1.1a DHS letters of approval on file and materials will be kept on file.
<p>"Successfully engaged" is defined as having documented agency outreach contacts (see Implementation Activities 1.1d and Methods of Evaluating Objectives 1.1c)</p> <p>An "outreach contact" is defined as speaking directly either in person or by telephone with a client or potential client for at least five minutes to publicize available health care options and services. Outreach Contacts may include education, promotion, presentations, and informational activities and may be to individuals or groups of people.</p>	1.1b Schedule outreach and maintain a list or calendar of sites, dates, and times.	By 8/1/04-ongoing	1.1b Documents will be kept on file and summary of events will be submitted with monthly reports to DHS.
	1.1c Conduct events (presentations, fairs, etc.) and complete event summaries. Event summaries to include site, date, outreach workers(s), flyers, number of individuals contacted, sign-in sheets, if appropriate, and materials presented.	7/1/04-ongoing	1.1c Documents will be kept on file and number of participants will be reported to DHS in monthly reports.
	1.1d Conduct outreach and maintain contact documentation including but not limited to: sites, dates, name of outreach worker, number of individuals contacted, family name/identifier.	7/1/04-ongoing	1.1d Completed documentation will be kept on file.
	1.1e Enter documentation of outreach numbers into DHS database.	7/1/04-ongoing	1.1e Data system will be queried to generate outreach numbers.

EXHIBIT B-2

SCOPE OF WORK

FISCAL YEAR 2004 - 2005

Goal: To increase access to health care by assisting children and their families in Los Angeles County to enroll in health coverage programs and utilize and retain these benefits.

Note: All materials listed under implementation activities and documentation must be kept on file and available for random sampling and auditing by DHS.

Measurable Objective(s)	Implementation Activities	Timeline	METHOD(S) OF EVALUATING OBJECTIVE(S) AND DOCUMENTATION
2.1 By June 30, 2005, CHMC will have completed applications for a minimum of 3,500 clients in for Healthy Kids, Medi-Cal, Healthy Families, Kaiser Cares for Kids 1 or 2, Access for Infants and Mothers, or California Kids. CHMC will also provide clients with referrals to appropriate health programs or health agencies. SPA 4 1,750 SPA 6 1,750	2.1a Review and revise, as needed, enrollment protocol. Submit to DHS for approval. 2.1b Conduct enrollment activities utilizing DHS approved client intake and enrollment verification forms. 2.1c Enter data from DHS approved forms into DHS data system utilizing appropriate codes. 2.1d Review and revise, as needed, referral protocol and submit to DHS for approval. 2.1e Screen and refer clients for appropriate services. Document referral information with appropriate codes on client intake form.	By 8/1/04 7/1/04-ongoing 7/1/04-ongoing By 8/1/04 7/1/04-ongoing	2.1a DHS letters of approval and materials on file. 2.1b Completed materials (i.e. client intake and enrollment verification forms) will be kept on file and number of participants documented in monthly reports to DHS. 2.1c For monthly reports, DHS data system will be queried to generate number of applications submitted. 2.1d DHS letters of approval on file. 2.1e. Maintain client intake forms with services/program referral information
"Completed applications" is defined as assisting clients to fill out health insurance applications line-by-line, through in-person or telephone assistance. It may also be defined as providing in-depth assistance (troubleshooting) toward facilitating enrollments for clients whose applications were completed by another agency or DPSS. "Referrals" are defined as referring clients in person or by telephone for services to other health programs (i.e. CHDP, CCS, PPP/DHS, early detection programs, legal services for health issues, etc.) Referral must include explanation of program and eligibility screening of the client if the program has eligibility requirements. Does not include referrals for shelter, child-care, or other non-direct health needs.			

**EXHIBIT B-2
SCOPE OF WORK**

FISCAL YEAR 2004 - 2005

Goal: To increase access to health care by assisting children and their families in Los Angeles County to enroll in health coverage programs and utilize and retain these benefits.

Note: All materials listed under implementation activities and documentation must be kept on file and available for random sampling and auditing by DHS.

Measurable Objective(s)	Implementation Activities	Timeline	METHOD(S) OF EVALUATING OBJECTIVE(S) AND DOCUMENTATION
<p>2.2 By June 30, 2005, CHMC will have investigated enrollment status within three months of application completion date on a minimum of 100% of clients for whom agency assisted with or facilitated applications as measured in Objective 2.1</p> <p>This objective documents agency effort to ascertain enrollment status.</p> <p>"Investigated enrollment status" is defined as 1) attempted contact with clients within three months of application completion date to find out whether or not client has received insurance card or 2) checking status with appropriate insurer through telephone or computer (i.e. MEDS).</p>	<p>2.2a Review and revise, as needed, enrollment verification protocol. Submit to DHS for approval.</p> <p>2.2b Conduct enrollment verification using DHS approved enrollment verification forms.</p> <p>2.2c Enter data from DHS approved forms into DHS data system.</p>	<p>By 8/1/04</p> <p>7/1/04 – ongoing</p> <p>7/1/04- ongoing</p>	<p>2.2a Letter(s) of DHS approval and materials will be kept on file.</p> <p>2.2b Completed client enrollment verification and troubleshooting forms/reports will be kept on file.</p> <p>2.2c DHS data system will be queried to generate number of clients for whom enrollment status has been investigated in monthly reports submitted to DHS.</p>
<p>2.3 By June 30, 2005, CHMC will have confirmed enrollment on 75% of client applications assisted with or facilitated by CHMC as measured in Objective 2.1</p> <p>The objective documents enrollment outcome.</p> <p>"Confirmed enrollment" is defined as 1) client has stated that they received notification from insurer or 2) appropriate insurer or computer system has verified that client has been successfully enrolled.</p>	<p>2.3a Document dates of enrollment follow-up and enrollment status on enrollment verification and troubleshooting form.</p> <p>2.3b Enter data from DHS approved forms into DHS database.</p>	<p>7/1/04 – ongoing</p> <p>7/1/04- ongoing</p>	<p>2.3a Completed client enrollment verification and troubleshooting forms/reports will be kept on file.</p> <p>2.3b DHS data system will be queried to generate number of clients who have been confirmed enrolled in monthly reports submitted to DHS.</p>

EXHIBIT B-2
SCOPE OF WORK

FISCAL YEAR 2004 - 2005

Goal: To increase access to health care by assisting children and their families in Los Angeles County to enroll in health coverage programs and utilize and retain these benefits.

Note: All materials listed under implementation activities and documentation must be kept on file and available for random sampling and auditing by DHS.

Measurable Objective(s)	Implementation Activities	Timeline	METHOD(S) OF EVALUATING OBJECTIVE(S) AND DOCUMENTATION
<p>3.1 By June 30, 2005, CHMC will provide ongoing assistance to 2,500 clients experiencing problems with enrollment, utilizing benefits, or retention.</p> <p>SPA 4 <u>1,250</u> SPA 6 <u>1,250</u></p> <p>"Ongoing assistance" is defined as in-depth troubleshooting or problem solving designed to help clients overcome barriers to health insurance enrollment, utilization, or retention. Does not include assistance with redetermination (measured in Objective 4.1). Assistance may be provided to 1) clients who originally applied with CHMC or 2) clients who submitted applications with another agency or DPSS but have requested assistance from CHMC.</p>	<p>3.1a Review and revise, as needed, utilization protocol and submit to DHS for approval.</p> <p>3.1b Conduct troubleshooting/problem solving for clients. Document results on appropriate forms.</p> <p>3.1c Enter data from DHS approved forms into DHS database.</p>	<p>By 8/1/04</p> <p>7/1/04 - ongoing</p> <p>7/1/04 - ongoing</p>	<p>3.1a Letter(s) of DHS approval and materials will be kept on file.</p> <p>3.1b Completed forms will be kept on file and documented in monthly reports to DHS.</p> <p>3.1c DHS database will be queried to generate numbers of clients receiving ongoing assistance in monthly reports submitted to DHS.</p>
<p>4.1 By June 30, 2005, CHMC will offer redetermination assistance at 11-12 months to 75% of clients whose applications were assisted or facilitated by CHMC in Objective 2.1 and were confirmed enrolled.</p> <p>"Offer redetermination assistance" is defined as attempting to contact 100% of clients and making successful contact with 75% of clients either in-person or by telephone to determine whether redetermination assistance is desired.</p>	<p>4.1a Review and revise, as needed, redetermination protocol and submit to DHS for approval.</p> <p>4.1b Conduct redetermination assistance and document results on redetermination form using the appropriate codes.</p> <p>4.1c Enter data from DHS approved redetermination form into DHS database.</p>	<p>By 8/1/04</p> <p>7/1/04- ongoing</p> <p>7/1/04- ongoing</p>	<p>4.1a Letter(s) of DHS approval and materials will be kept on file.</p> <p>4.1b. Completed forms will be kept on file and documented in monthly reports to DHS via database.</p> <p>4.1c. DHS data system will be queried to generate number of clients offered redetermination assistance at 11-12 months in monthly reports submitted to DHS.</p>

EXHIBIT B-2
SCOPE OF WORK

FISCAL YEAR 2004 - 2005

Goal: To increase access to health care by assisting children and their families in Los Angeles County to enroll in health coverage programs and utilize and retain these benefits.

Note: All materials listed under implementation activities and documentation must be kept on file and available for random sampling and auditing by DHS.

Measurable Objective(s)	Implementation Activities	Timeline	METHOD(S) OF EVALUATING OBJECTIVE(S) AND DOCUMENTATION
<p>4.2 By June 30, 2005, CHMC will provide redetermination assistance to clients who submitted their original application elsewhere, but have requested redetermination assistance from CHMC.</p> <p>"Provide redetermination assistance" is defined as helping clients to complete health insurance re-certification paperwork.</p>	<p>4.2a Conduct redetermination assistance and document on DHS approved redetermination form using the appropriate codes.</p> <p>4.2b Enter data from DHS approved redetermination form into DHS data system.</p>	<p>7/1/04-ongoing</p> <p>7/1/04-ongoing</p>	<p>4.2a Completed forms will be kept on file.</p> <p>4.2b DHS data system will be queried to generate number of "non-agency" clients receiving redetermination assistance in monthly reports submitted to DHS.</p>
<p>5.1 By June 30, 2005, CHMC will have a minimum of 75% retention rate at 14 months for a sample of clients who submitted applications and were confirmed enrolled (Objective 2.1)</p> <p>"Retention rate is defined as the number of clients who are still enrolled 14 months after submission of application. "Sample" is defined as a subset of clients who applied over a one-month period (month to be determined by DHS) who are contacted by CHMC 14 months later to determine enrollment status.</p>	<p>5.1a Review and revise, as needed, retention protocol. Submit to DHS for approval.</p> <p>5.1b Conduct retention contacts/verification and document results.</p> <p>5.1c Enter data from retention contacts/verification into DHS data system.</p>	<p>By 8/1/04</p> <p>7/1/04-ongoing</p> <p>7/1/04-ongoing</p>	<p>5.1a Letter(s) of DHS approval and materials will be kept on file.</p> <p>5.1b Completed forms will be kept on file and documented in monthly reports submitted to DHS via database.</p> <p>5.1c DHS data system will be queried to generate 14 month retention rate for a sample of clients in monthly reports submitted to DHS.</p>

EXHIBIT B-2

SCOPE OF WORK

FISCAL YEAR 2004 - 2005

Goal: To increase access to health care by assisting children and their families in Los Angeles County to enroll in health coverage programs and utilize and retain these benefits.

Note: All materials listed under implementation activities and documentation must be kept on file and available for random sampling and auditing by DHS.

Measurable Objective(s)	Implementation Activities	Timeline	METHOD(S) OF EVALUATING OBJECTIVE(S) AND DOCUMENTATION
<p>6.1 By June 30, 2005, CHMC will enter data on program participants into DHS' web-based data system to monitor, facilitate, and evaluate health insurance enrollment and retention.</p> <p>"Enter" is defined as either 1) directly entering required data elements into the DHS web-based data system available to all contractors or 2) uploading required data elements into the DHS data system from an agency-created database using a data conversion program approved by DHS.</p>	<p>6.1a CHMC will continue to maintain any necessary computer hardware or software in order to access the Internet.</p> <p>6.1b Train appropriate personnel on data entry.</p> <p>6.1c Enter data into DHS' web-based data system.</p> <p>6.d Run monthly report and send signed copy to DHS.</p>	<p>By 8/1/04</p> <p>By 8/1/04-ongoing</p> <p>7/1/04-ongoing</p> <p>By 8/1/04-ongoing</p>	<p>6.1a Agency will demonstrate the ability to access the Internet.</p> <p>6.1b Documentation of training from project coordinator and issuance of username and password for data input.</p> <p>6.1c DHS database.</p> <p>6.1d Maintain copies of signed monthly reports on file.</p>
<p>7.1 By June 30, 2005, CHMC will ensure that 100% of enrollment staff, including staff at subcontracting agencies, is fully trained to provide outreach, enrollment, utilization and retention services and all new staff are fully trained within 30 days of their start date.</p> <p>"Fully trained" is defined as participation in the DHS approved Comprehensive Training "Core", CAA and Healthy Kids Training.</p>	<p>7.1a Attend DHS approved comprehensive training.</p>	<p>By 8/1/04-ongoing</p>	<p>7.1a Maintain certificates of attendance in employee files.</p>
<p>8.1 By June 30, 2005, CHMC will participate in a minimum of 10 of the monthly contractor meetings.</p> <p>"Participate" is defined as attendance by at least one representative from CHMC.</p>	<p>8.1a Attend contractors monthly meeting.</p>	<p>7/1/04-ongoing</p>	<p>8.1a Document name of individual attending monthly meeting in monthly reports to DHS.</p>

EXHIBIT B-2

SCOPE OF WORK

FISCAL YEAR 2004 - 2005

Goal: To increase access to health care by assisting children and their families in Los Angeles County to enroll in health coverage programs and utilize and retain these benefits.

Note: All materials listed under implementation activities and documentation must be kept on file and available for random sampling and auditing by DHS.

Measurable Objective(s)	Implementation Activities	Timeline	METHOD(S) OF EVALUATING OBJECTIVE(S) AND DOCUMENTATION
9.1 By June 30, 2005, CHMC will participate in 100% of the Outreach, enrolment utilization, and retention required evaluation activities.	9.1a Contractor shall work with DHS for compilation of data, review of outreach efforts, and tracking subcontractors' activities and projects.	7/1/04-ongoing	9.1a Maintain all materials/tools, records of workload reports, enrollment figures and data on file.
10.1 By June 30, 2005, Contractor will conduct 100% of Quality Improvement Plan (QIP) Activities.	10.1a Review and revise, as needed, a QIP describing a process for ensuring continual progress toward measurable objectives, client satisfaction, and success of outreach, enrollment, utilization, and retention services. 10.1b Conduct QIP activities.	By 8/1/04 7/1/04-ongoing	10.1a Submit QIP to DHS for approval. Letter of QIP approval will be maintained on file. Material to be available for random sampling and auditing by DHS. 10.1b Document QIP appropriate activities in monthly reports to DHS.

EXHIBIT B-2
SCOPE OF WORK

FISCAL YEAR 2004 - 2005

Goal: To increase access to health care by assisting children and their families in Los Angeles County to enroll in health coverage programs and utilize and retain these benefits.

Note: All materials listed under implementation activities and documentation must be kept on file and available for random sampling and auditing by DHS.

Measurable Objective(s)	Implementation Activities	Timeline	METHOD(S) OF EVALUATING OBJECTIVE(S) AND DOCUMENTATION
<p>11.1 By June 30, 2005, Contractor will ensure that 100% of funded staff participates in the Medi-Cal Administrative Activities (MAA) reimbursement program.</p> <p>Contractor staff funded through this County agreement will attend annual MAA training and complete an annual MAA time survey.</p> <p>Staff hired subsequent to time survey month will be trained at next fiscal year's MAA training.</p>	<p>11.1 Schedule contractor staff members for DHS MAA training.</p> <p>Ensure that contractor staff members attend DHS MAA training.</p> <p>Ensure that contractor staff members complete annual MAA time survey.</p> <p>Monitor staff's timely completion of MAA time surveys; conduct verification of work activities and recorded time expended; attach time survey to employee time card and time card correction form and reconcile these documents.</p> <p>Approve MAA time surveys; submit the following to DHS: the survey form with employee time card and time card correction form attached, DHS approved outreach and health education materials, and a written attestation confirming correctness of recorded time survey activities and time expended.</p> <p>Attend scheduled DHS meetings to discuss the MAA federal reimbursement program (project manager/coordinator).</p> <p>Participate in MAA audit, as scheduled by State and federal agencies.</p>	<p>By 02/11/05</p> <p>By 03/04/05</p> <p>03/01/05 - 03/31/05</p> <p>03/01/05 - 04/05/05</p> <p>By 04/08/05</p> <p>Ongoing</p> <p>Ongoing</p>	<p>11.1 Verification of MAA training for contractor staff members will be kept on file.</p> <p>A listing of trained staff and a copy of training materials will be kept on file.</p> <p>A copy of time survey forms will be kept on file.</p> <p>A copy of time survey forms, time cards, and time card correction forms will be kept on file.</p> <p>A copy time survey forms, time cards, time card correction forms, outreach and health education materials, and written attestation document will be kept on file.</p> <p>Meeting agendas and notes will be kept on file.</p> <p>A copy of time survey forms, time cards, time card correction forms, and outreach and health education materials will be kept on file; contractor staff members will be available for interviews during audit period</p>

EXHIBIT B-3
SCOPE OF WORK

FISCAL YEAR 2005- 2006

Goal: To increase access to health care by assisting children and their families in Los Angeles County to enroll in health coverage programs and utilize and retain these benefits.

Note: All materials listed under implementation activities and documentation must be kept on file and available for random sampling and auditing by DHS.

Measurable Objective(s)	Implementation Activities	Timeline	METHOD(S) OF EVALUATING OBJECTIVE(S) AND DOCUMENTATION
<p>1.1 By June 30, 2006, Catholic Healthcare West Southern California dba California Hospital Medical Center (CHMC) will have successfully engaged a minimum of <u>7,500</u> of the target population in an outreach contact.</p> <p>SPA 4 <u>3,750</u> SPA 6 <u>3,750</u></p> <p>"Successfully engaged" is defined as having documented agency outreach contacts (see Implementation Activities 1.1d and Methods of Evaluating Objectives 1.1c)</p> <p>An "outreach contact" is defined as speaking directly either in person or by telephone with a client or potential client for at least five minutes to publicize available health care options and services. Outreach Contacts may include education, promotion, presentations, and informational activities and may be to individuals or groups of people.</p>	<p>1.1a Review and revise, as needed, outreach protocol including: outreach contact forms/event summary sheets, sign-in sheets, and educational materials. Outreach and educational materials shall be culturally and linguistically appropriate and include information regarding Healthy Kids, Medi-Cal, Healthy Families, public benefits programs and other no or low-cost health programs. Submit to Department of Health Services (DHS) for approval.</p> <p>1.1b Schedule outreach and maintain a list or calendar of sites, dates, and times.</p> <p>1.1c Conduct events (presentations, fairs, etc.) and complete event summaries. Event summaries to include site, date, outreach workers(s), flyers, number of individuals contacted, sign-in sheets, if appropriate, and materials presented.</p> <p>1.1d Conduct outreach and maintain contact documentation including but not limited to: sites, dates, name of outreach worker, number of individuals contacted, family name/identifier.</p> <p>1.1e Enter documentation of outreach numbers into DHS database.</p>	<p>By 8/1/05</p> <p>By 8/1/05-ongoing</p> <p>7/1/05-ongoing</p> <p>7/1/05-ongoing</p> <p>7/1/05-ongoing</p>	<p>1.1a DHS letters of approval on file and materials will be kept on file.</p> <p>1.1b Documents will be kept on file and summary of events will be submitted with monthly reports to DHS.</p> <p>1.1c Documents will be kept on file and number of participants will be reported to DHS in monthly reports.</p> <p>1.1d Completed documentation will be kept on file.</p> <p>1.1e Data system will be queried to generate outreach numbers.</p>

**EXHIBIT B-3
 SCOPE OF WORK**

FISCAL YEAR 2005- 2006

Goal: To increase access to health care by assisting children and their families in Los Angeles County to enroll in health coverage programs and utilize and retain these benefits.

Note: All materials listed under implementation activities and documentation must be kept on file and available for random sampling and auditing by DHS.

Measurable Objective(s)	Implementation Activities	Timeline	METHOD(S) OF EVALUATING OBJECTIVE(S) AND DOCUMENTATION
2.1 By June 30, 2006, CHMC will have completed applications for a minimum of 3,500 clients in for Healthy Kids, Medi-Cal, Healthy Families, Kaiser Cares for Kids 1 or 2, Access for Infants and Mothers, or California Kids. CHMC will also provide clients with referrals to appropriate health programs or health agencies. SPA 4 <u>1,750</u> SPA 6 <u>1,750</u>	2.1a Review and revise, as needed, enrollment protocol. Submit to DHS for approval. 2.1b Conduct enrollment activities utilizing DHS approved client intake and enrollment verification forms. 2.1c Enter data from DHS approved forms into DHS data system utilizing appropriate codes. 2.1d Review and revise, as needed, referral protocol and submit to DHS for approval. 2.1e Screen and refer clients for appropriate services. Document referral information with appropriate codes on client intake form.	By 8/1/05 7/1/05-ongoing 7/1/05-ongoing By 8/1/05 7/1/05-ongoing	2.1a DHS letters of approval and materials on file. 2.1b Completed materials (i.e. client intake and enrollment verification forms) will be kept on file and number of participants documented in monthly reports to DHS. 2.1c For monthly reports, DHS data system will be queried to generate number of applications submitted. 2.1d DHS letters of approval on file. 2.1e. Maintain client intake forms with services/program referral information
<p>"Completed applications" is defined as assisting clients to fill out health insurance applications line-by-line, through in-person or telephone assistance. It may also be defined as providing in-depth assistance (troubleshooting) toward facilitating enrollments for clients whose applications were completed by another agency or DPSS.</p> <p>"Referrals" are defined as referring clients in person or by telephone for services to other health programs (i.e. CHDP, CCS, PPP/DHS, early detection programs, legal services for health issues, etc.) Referral must include explanation of programs and eligibility screening of the client if the program has eligibility requirements. Does not include referrals for shelter, child-care, or other non-direct health needs.</p>			

**EXHIBIT B-3
SCOPE OF WORK**

FISCAL YEAR 2005-2006

Goal: To increase access to health care by assisting children and their families in Los Angeles County to enroll in health coverage programs and utilize and retain these benefits.

Note: All materials listed under implementation activities and documentation must be kept on file and available for random sampling and auditing by DHS.

Measurable Objective(s)	Implementation Activities	Timeline	METHOD(S) OF EVALUATING OBJECTIVE(S) AND DOCUMENTATION
<p>2.2 By June 30, 2006, CHMC will have investigated enrollment status within three months of application completion date on a minimum of 100% of clients for whom agency assisted with or facilitated applications as measured in Objective 2.1</p> <p>This objective documents agency effort to ascertain enrollment status.</p> <p>"Investigated enrollment status" is defined as 1) attempted contact with clients within three months of application completion date to find out whether or not client has received insurance card or 2) checking status with appropriate insurer through telephone or computer (i.e. MEDS).</p>	<p>2.2a Review and revise, as needed, enrollment verification protocol. Submit to DHS for approval.</p> <p>2.2b Conduct enrollment verification using DHS approved enrollment verification forms.</p> <p>2.2c Enter data from DHS approved forms into DHS data system.</p>	<p>By 8/1/05</p> <p>7/1/05 – ongoing</p> <p>7/1/05- ongoing</p>	<p>2.2a Letter(s) of DHS approval and materials will be kept on file.</p> <p>2.2b Completed client enrollment verification and troubleshooting forms/reports will be kept on file.</p> <p>2.2c DHS data system will be queried to generate number of clients for whom enrollment status has been investigated in monthly reports submitted to DHS.</p>
<p>2.3 By June 30, 2006, CHMC will have confirmed enrollment on 75% of client applications assisted with or facilitated by CHMC as measured in Objective 2.1</p> <p>The objective documents enrollment outcome.</p> <p>"Confirmed enrollment" is defined as 1) client has stated that they received notification from insurer or 2) appropriate insurer or computer system has verified that client has been successfully enrolled.</p>	<p>2.3a Document dates of enrollment follow-up and enrollment status on enrollment verification and troubleshooting form.</p> <p>2.3b Enter data from DHS approved forms into DHS database.</p>	<p>7/1/05 – ongoing</p> <p>7/1/05- ongoing</p>	<p>2.3a Completed client enrollment verification and troubleshooting forms/reports will be kept on file.</p> <p>2.3b DHS data system will be queried to generate number of clients who have been confirmed enrolled in monthly reports submitted to DHS.</p>

**EXHIBIT B-3
SCOPE OF WORK**

FISCAL YEAR 2005- 2006

Goal: To increase access to health care by assisting children and their families in Los Angeles County to enroll in health coverage programs and utilize and retain these benefits.

Note: All materials listed under implementation activities and documentation must be kept on file and available for random sampling and auditing by DHS.

Measurable Objective(s)	Implementation Activities	Timeline	METHOD(S) OF EVALUATING OBJECTIVE(S) AND DOCUMENTATION
<p>3.1 By June 30, 2006, CHMC will provide ongoing assistance to 2,500 clients experiencing problems with enrollment, utilizing benefits, or retention.</p> <p>SPA 4 <u>1,250</u> SPA 6 <u>1,250</u></p> <p>"Ongoing assistance" is defined as in-depth troubleshooting or problem solving designed to help clients overcome barriers to health insurance enrollment, utilization, or retention. Does not include assistance with redetermination (measured in Objective 4.1). Assistance may be provided to 1) clients who originally applied with CHMC or 2) clients who submitted applications with another agency or DPSS but have requested assistance from CHMC.</p>	<p>3.1a Review and revise, as needed, utilization protocol and submit to DHS for approval.</p> <p>3.1b Conduct troubleshooting/problem solving for clients. Document results on appropriate forms.</p> <p>3.1c Enter data from DHS approved forms into DHS database.</p>	<p>By 8/1/05</p> <p>7/1/05 - ongoing</p> <p>7/1/05 - ongoing</p>	<p>3.1a Letter(s) of DHS approval and materials will be kept on file.</p> <p>3.1b Completed forms will be kept on file and documented in monthly reports to DHS.</p> <p>3.1c DHS database will be queried to generate numbers of clients receiving ongoing assistance in monthly reports submitted to DHS.</p>
<p>4.1 By June 30, 2006, CHMC will offer redetermination assistance at 11-12 months to 75% of clients whose applications were assisted or facilitated by CHMC in Objective 2.1 and were confirmed enrolled.</p> <p>"Offer redetermination assistance" is defined as attempting to contact 100% of clients and making successful contact with 75% of clients either in-person or by telephone to determine whether redetermination assistance is desired.</p>	<p>4.1a Review and revise, as needed, redetermination protocol and submit to DHS for approval.</p> <p>4.1b Conduct redetermination assistance and document results on redetermination form using the appropriate codes.</p> <p>4.1c Enter data from DHS approved redetermination form into DHS database.</p>	<p>By 8/1/05</p> <p>7/1/05- ongoing</p> <p>7/1/05- ongoing</p>	<p>4.1a Letter(s) of DHS approval and materials will be kept on file.</p> <p>4.1b. Completed forms will be kept on file and documented in monthly reports to DHS via database.</p> <p>4.1c. DHS data system will be queried to generate number of clients offered redetermination assistance at 11-12 months in monthly reports submitted to DHS.</p>

**EXHIBIT B-3
SCOPE OF WORK**

FISCAL YEAR 2005- 2006

Goal: To increase access to health care by assisting children and their families in Los Angeles County to enroll in health coverage programs and utilize and retain these benefits.

Note: All materials listed under implementation activities and documentation must be kept on file and available for random sampling and auditing by DHS.

Measurable Objective(s)	Implementation Activities	Timeline	METHOD(S) OF EVALUATING OBJECTIVE(S) AND DOCUMENTATION
<p>4.2 By June 30, 2006, CHMC will provide redetermination assistance to clients who submitted their original application elsewhere, but have requested redetermination assistance from CHMC.</p> <p>"Provide redetermination assistance" is defined as helping clients to complete health insurance re-certification paperwork.</p>	<p>4.2a Conduct redetermination assistance and document on DHS approved redetermination form using the appropriate codes.</p> <p>4.2b Enter data from DHS approved redetermination form into DHS data system.</p>	<p>7/1/05-ongoing</p> <p>7/1/05-ongoing</p>	<p>4.2a Completed forms will be kept on file.</p> <p>4.2b DHS data system will be queried to generate number of "non-agency" clients receiving redetermination assistance in monthly reports submitted to DHS.</p>
<p>5.1 By June 30, 2006, CHMC will have a minimum of 75% retention rate at 14 months for a sample of clients who submitted applications and were confirmed enrolled (Objective 2.1)</p> <p>"Retention rate is defined as the number of clients who are still enrolled 14 months after submission of application. "Sample" is defined as a subset of clients who applied over a one-month period (month to be determined by DHS) who are contacted by CHMC 14 months later to determine enrollment status.</p>	<p>5.1a Review and revise, as needed, retention protocol. Submit to DHS for approval.</p> <p>5.1b Conduct retention contacts/verification and document results.</p> <p>5.1c Enter data from retention contacts/verification into DHS data system.</p>	<p>By 8/1/05</p> <p>7/1/05-ongoing</p> <p>7/1/05-ongoing</p>	<p>5.1a Letter(s) of DHS approval and materials will be kept on file.</p> <p>5.1b Completed forms will be kept on file and documented in monthly reports submitted to DHS via database.</p> <p>5.1c DHS data system will be queried to generate 14 month retention rate for a sample of clients in monthly reports submitted to DHS.</p>

**EXHIBIT B-3
SCOPE OF WORK**

FISCAL YEAR 2005- 2006

Goal: To increase access to health care by assisting children and their families in Los Angeles County to enroll in health coverage programs and utilize and retain these benefits.

Note: All materials listed under implementation activities and documentation must be kept on file and available for random sampling and auditing by DHS.

Measurable Objective(s)	Implementation Activities	Timeline	METHOD(S) OF EVALUATING OBJECTIVE(S) AND DOCUMENTATION
<p>6.1 By June 30, 2006, CHMC will enter data on program participants into DHS' web-based data system to monitor, facilitate, and evaluate health insurance enrollment and retention.</p> <p>"Enter" is defined as either 1) directly entering required data elements into the DHS web-based data system available to all contractors or 2) uploading required data elements into the DHS data system from an agency-created database using a data conversion program approved by DHS.</p>	<p>6.1a CHMC will continue to maintain any necessary computer hardware or software in order to access the Internet.</p> <p>6.1b Train appropriate personnel on data entry.</p> <p>6.1c Enter data into DHS' web-based data system.</p> <p>6.d Run monthly report and send signed copy to DHS.</p>	<p>By 8/1/05</p> <p>By 8/1/05-ongoing</p> <p>7/1/05-ongoing</p> <p>By 8/1/05-ongoing</p>	<p>6.1a Agency will demonstrate the ability to access the Internet.</p> <p>6.1b Documentation of training from project coordinator and issuance of username and password for data input.</p> <p>6.1c DHS database.</p> <p>6.1d Maintain copies of signed monthly reports on file.</p>
<p>7.1 By June 30, 2006, CHMC will ensure that 100% of enrollment staff, including staff at subcontracting agencies, is fully trained to provide outreach, enrollment, utilization and retention services and all new staff are fully trained within 30 days of their start date.</p> <p>"Fully trained" is defined as participation in the DHS approved Comprehensive Training "Core", CAA and Healthy Kids Training.</p>	<p>7.1a Attend DHS approved comprehensive training.</p>	<p>By 8/1/05-ongoing</p>	<p>7.1a Maintain certificates of attendance in employee files.</p>
<p>8.1 By June 30, 2006, CHMC will participate in a minimum of 10 of the monthly contractor meetings.</p> <p>"Participate" is defined as attendance by at least one representative from CHMC.</p>	<p>8.1a Attend contractors monthly meeting.</p>	<p>7/1/05-ongoing</p>	<p>8.1a Document name of individual attending monthly meeting in monthly reports to DHS.</p>

**EXHIBIT B-3
 SCOPE OF WORK**

FISCAL YEAR 2005-2006

Goal: To increase access to health care by assisting children and their families in Los Angeles County to enroll in health coverage programs and utilize and retain these benefits.

Note: All materials listed under implementation activities and documentation must be kept on file and available for random sampling and auditing by DHS.

Measurable Objective(s)	Implementation Activities	Timeline	METHOD(S) OF EVALUATING OBJECTIVE(S) AND DOCUMENTATION
9.1 By June 30, 2006, CHMC will participate in 100% of the Outreach, enrollment utilization, and retention required evaluation activities.	9.1a Contractor shall work with DHS for compilation of data, review of outreach efforts, and tracking subcontractors' activities and projects.	7/1/05-ongoing	9.1a Maintain all materials/tools, records of workload reports, enrollment figures and data on file.
10.1 By June 30, 2006, Contractor will conduct 100% of Quality Improvement Plan (QIP) Activities.	10.1a Review and revise, as needed, a QIP describing a process for ensuring continual progress toward measurable objectives, client satisfaction, and success of outreach, enrollment, utilization, and retention services. 10.1b Conduct QIP activities.	By 8/1/05 7/1/05-ongoing	10.1a Submit QIP to DHS for approval. Letter of QIP approval will be maintained on file. Material to be available for random sampling and auditing by DHS. 10.1b Document QIP appropriate activities in monthly reports to DHS.

**EXHIBIT B-3
SCOPE OF WORK**

FISCAL YEAR 2005- 2006

Goal: To increase access to health care by assisting children and their families in Los Angeles County to enroll in health coverage programs and utilize and retain these benefits.

Note: All materials listed under implementation activities and documentation must be kept on file and available for random sampling and auditing by DHS.

Measurable Objective(s)	Implementation Activities	Timeline	METHOD(S) OF EVALUATING OBJECTIVE(S) AND DOCUMENTATION
11.1 By June 30, 2006, CHMC will ensure that 100% of funded staff participates in the Medi-Cal Administrative Activities (MAA) reimbursement program. CHMC staff funded through this County agreement will attend annual MAA training and complete an annual MAA time survey. Staff hired subsequent to time survey month will be trained at next fiscal year's MAA training.	11.1 Schedule contractor staff members for DHS MAA training. Ensure that contractor staff members attend DHS MAA training. Ensure that contractor staff members complete annual MAA time survey. Monitor staff's timely completion of MAA time surveys; conduct verification of work activities and recorded time expended; attach time survey to employee time card and time card correction form and reconcile these documents. Approve MAA time surveys; submit the following to DHS: the survey form with employee time card and time card correction form attached, DHS approved outreach and health education materials, and a written attestation confirming correctness of recorded time survey activities and time expended. Attend scheduled DHS meetings to discuss the MAA federal reimbursement program (project manager/coordinator). Participate in MAA audit, as scheduled by State and federal agencies.	By 8/1/05 By 9/6/05 9/1/05 - 9/30/05 9/1/05 - 10/5/05 By 10/12/05 Ongoing Ongoing	11.1 Verification of MAA training for contractor staff members will be kept on file. A listing of trained staff and a copy of training materials will be kept on file. A copy of time survey forms will be kept on file. A copy of time survey forms, time cards, and time card correction forms will be kept on file. A copy of time survey forms, time cards, time card correction forms, outreach and health education materials, and written attestation document will be kept on file. Meeting agendas and notes will be kept on file. A copy of time survey forms, time cards, time card correction forms, and outreach and health education materials will be kept on file; contractor staff members will be available for interviews during audit period.

**EXHIBIT B-4
SCOPE OF WORK**

FISCAL YEAR 2006- 2007

Goal: To increase access to health care by assisting children and their families in Los Angeles County to enroll in health coverage programs and utilize and retain these benefits.

Note: All materials listed under implementation activities and documentation must be kept on file and available for random sampling and auditing by DHS.

Measurable Objective(s)	Implementation Activities	Timeline	METHOD(S) OF EVALUATING OBJECTIVE(S) AND DOCUMENTATION
<p>1.1 By June 30, 2007, Catholic Healthcare West Southern California dba California Hospital Medical Center (CHMC) will have successfully engaged a minimum of <u>7,500</u> of the target population in an outreach contact.</p> <p>SPA 4 <u>3,750</u> SPA 6 <u>3,750</u></p>	<p>1.1a Review and revise, as needed, outreach protocol including: outreach contact forms/event summary sheets, sign-in sheets, and educational materials. Outreach and educational materials shall be culturally and linguistically appropriate and include information regarding Healthy Kids, Medi-Cal, Healthy Families, public benefits programs and other no or low-cost health programs. Submit to Department of Health Services (DHS) for approval.</p>	By 8/1/06	1.1a DHS letters of approval on file and materials will be kept on file.
<p>"Successfully engaged" is defined as having documented agency outreach contacts (see Implementation Activities 1.1d and Methods of Evaluating Objectives 1.1c)</p>	<p>1.1b Schedule outreach and maintain a list or calendar of sites, dates, and times.</p>	By 7/1/06-ongoing	1.1b Documents will be kept on file and summary of events will be submitted with monthly reports to DHS.
<p>An "outreach contact" is defined as speaking directly either in person or by telephone with a client or potential client for at least five minutes to publicize available health care options and services. Outreach Contacts may include education, promotion, presentations, and informational activities and may be to individuals or groups of people.</p>	<p>1.1c Conduct events (presentations, fairs, etc.) and complete event summaries. Event summaries to include site, date, outreach workers(s), flyers, number of individuals contacted, sign-in sheets, if appropriate, and materials presented.</p>	7/1/06-ongoing	1.1c Documents will be kept on file and number of participants will be reported to DHS in monthly reports.
	<p>1.1d Conduct outreach and maintain contact documentation including but not limited to: sites, dates, name of outreach worker, number of individuals contacted, family name/identifier.</p>	7/1/06-ongoing	1.1d Completed documentation will be kept on file.
	<p>1.1e Enter documentation of outreach numbers into DHS database.</p>	7/1/06-ongoing	1.1e Data system will be queried to generate outreach numbers.

**EXHIBIT B-4
SCOPE OF WORK**

FISCAL YEAR 2006- 2007

Goal: To increase access to health care by assisting children and their families in Los Angeles County to enroll in health coverage programs and utilize and retain these benefits.

Note: All materials listed under implementation activities and documentation must be kept on file and available for random sampling and auditing by DHS.

Measurable Objective(s)	Implementation Activities	Timeline	METHOD(S) OF EVALUATING OBJECTIVE(S) AND DOCUMENTATION
2.1 By June 30, 2007, CHMC will have completed applications for a minimum of 3,500 clients in for Healthy Kids, Medi-Cal, Healthy Families, Kaiser Cares for Kids 1 or 2, Access for Infants and Mothers, or California Kids. CHMC will also provide clients with referrals to appropriate health programs or health agencies. SPA 4 <u>1,750</u> SPA 6 <u>1,750</u> "Completed applications" is defined as assisting clients to fill out health insurance applications line-by-line, through in-person or telephone assistance. It may also be defined as providing in-depth assistance (troubleshooting) toward facilitating enrollments for clients whose applications were completed by another agency or DPSS. "Referrals" are defined as referring clients in person or by telephone for services to other health programs (i.e. CHDP, CCS, PPP/DHS, early detection programs, legal services for health issues, etc.) Referral must include explanation of programs and eligibility screening of the client if the program has eligibility requirements. Does not include referrals for shelter, child-care, or other non-direct health needs.	2.1a Review and revise, as needed, enrollment protocol. Submit to DHS for approval. 2.1b Conduct enrollment activities utilizing DHS approved client intake and enrollment verification forms. 2.1c Enter data from DHS approved forms into DHS data system utilizing appropriate codes. 2.1d Review and revise, as needed, referral protocol and submit to DHS for approval. 2.1e Screen and refer clients for appropriate services. Document referral information with appropriate codes on client intake form.	By 8/1/06 7/1/06-ongoing 7/1/06-ongoing By 8/1/06 7/1/06-ongoing	2.1a DHS letters of approval and materials on file. 2.1b Completed materials (i.e. client intake and enrollment verification forms) will be kept on file and number of participants documented in monthly reports to DHS. 2.1c For monthly reports, DHS data system will be queried to generate number of applications submitted. 2.1d DHS letters of approval on file. 2.1e. Maintain client intake forms with services/program referral information

EXHIBIT B-4
SCOPE OF WORK

FISCAL YEAR 2006- 2007

Goal: To increase access to health care by assisting children and their families in Los Angeles County to enroll in health coverage programs and utilize and retain these benefits.

Note: All materials listed under implementation activities and documentation must be kept on file and available for random sampling and auditing by DHS.

Measurable Objective(s)	Implementation Activities	Timeline	METHOD(S) OF EVALUATING OBJECTIVE(S) AND DOCUMENTATION
<p>2.2 By June 30, 2007, CHMC will have investigated enrollment status within three months of application completion date on a minimum of 100% of clients for whom agency assisted with or facilitated applications as measured in Objective 2.1</p> <p>This objective documents agency effort to ascertain enrollment status.</p> <p>"Investigated enrollment status" is defined as 1) attempted contact with clients within three months of application completion date to find out whether or not client has received insurance card or 2) checking status with appropriate insurer through telephone or computer (i.e. MEDS).</p>	<p>2.2a Review and revise, as needed, enrollment verification protocol. Submit to DHS for approval.</p> <p>2.2b Conduct enrollment verification using DHS approved enrollment verification forms.</p> <p>2.2c Enter data from DHS approved forms into DHS data system.</p>	<p>By 8/1/06</p> <p>7/1/06 – ongoing</p> <p>7/1/06- ongoing</p>	<p>2.2a Letter(s) of DHS approval and materials will be kept on file.</p> <p>2.2b Completed client enrollment verification and troubleshooting forms/reports will be kept on file.</p> <p>2.2c DHS data system will be queried to generate number of clients for whom enrollment status has been investigated in monthly reports submitted to DHS.</p>
<p>2.3 By June 30, 2007, CHMC will have confirmed enrollment on 75% of client applications assisted with or facilitated by CHMC as measured in Objective 2.1</p> <p>The objective documents enrollment outcome.</p> <p>"Confirmed enrollment" is defined as 1) client has stated that they received notification from insurer or 2) appropriate insurer or computer system has verified that client has been successfully enrolled.</p>	<p>2.3a Document dates of enrollment follow-up and enrollment status on enrollment verification and troubleshooting form.</p> <p>2.3b Enter data from DHS approved forms into DHS database.</p>	<p>7/1/06 – ongoing</p> <p>7/1/06- ongoing</p>	<p>2.3a Completed client enrollment verification and troubleshooting forms/reports will be kept on file.</p> <p>2.3b DHS data system will be queried to generate number of clients who have been confirmed enrolled in monthly reports submitted to DHS.</p>

EXHIBIT B-4
SCOPE OF WORK

FISCAL YEAR 2006- 2007

Goal: To increase access to health care by assisting children and their families in Los Angeles County to enroll in health coverage programs and utilize and retain these benefits.

Note: All materials listed under implementation activities and documentation must be kept on file and available for random sampling and auditing by DHS.

Measurable Objective(s)	Implementation Activities	Timeline	METHOD(S) OF EVALUATING OBJECTIVE(S) AND DOCUMENTATION
<p>3.1 By June 30, 2007, CHMC will provide ongoing assistance to 2,500 clients experiencing problems with enrollment, utilizing benefits, or retention.</p> <p>SPA 4 <u>1,250</u> SPA 6 <u>1,250</u></p> <p>"Ongoing assistance" is defined as in-depth troubleshooting or problem solving designed to help clients overcome barriers to health insurance enrollment, utilization, or retention. Does not include assistance with redetermination (measured in Objective 4.1). Assistance may be provided to 1) clients who originally applied with CHMC or 2) clients who submitted applications with another agency or DPSS but have requested assistance from CHMC.</p>	<p>3.1a Review and revise, as needed, utilization protocol and submit to DHS for approval.</p> <p>3.1b Conduct troubleshooting/problem solving for clients. Document results on appropriate forms.</p> <p>3.1c Enter data from DHS approved forms into DHS database.</p>	<p>By 8/1/06</p> <p>7/1/06 - ongoing</p> <p>7/1/06 - ongoing</p>	<p>3.1a Letter(s) of DHS approval and materials will be kept on file.</p> <p>3.1b Completed forms will be kept on file and documented in monthly reports to DHS.</p> <p>3.1c DHS database will be queried to generate numbers of clients receiving ongoing assistance in monthly reports submitted to DHS.</p>
<p>4.1 By June 30, 2007, CHMC will offer redetermination assistance at 11-12 months to 75% of clients whose applications were assisted or facilitated by CHMC in Objective 2.1 and were confirmed enrolled.</p> <p>"Offer redetermination assistance" is defined as attempting to contact 100% of clients and making successful contact with 75% of clients either in-person or by telephone to determine whether redetermination assistance is desired.</p>	<p>4.1a Review and revise, as needed, redetermination protocol and submit to DHS for approval.</p> <p>4.1b Conduct redetermination assistance and document results on redetermination form using the appropriate codes.</p> <p>4.1c. Enter data from DHS approved redetermination form into DHS database.</p>	<p>By 8/1/06</p> <p>7/1/06- ongoing</p> <p>7/1/06- ongoing</p>	<p>4.1a Letter(s) of DHS approval and materials will be kept on file.</p> <p>4.1b. Completed forms will be kept on file and documented in monthly reports to DHS via database.</p> <p>4.1c. DHS data system will be queried to generate number of clients offered redetermination assistance at 11-12 months in monthly reports submitted to DHS.</p>

**EXHIBIT B-4
SCOPE OF WORK**

FISCAL YEAR 2006- 2007

Goal: To increase access to health care by assisting children and their families in Los Angeles County to enroll in health coverage programs and utilize and retain these benefits.

Note: All materials listed under implementation activities and documentation must be kept on file and available for random sampling and auditing by DHS.

Measurable Objective(s)	Implementation Activities	Timeline	METHOD(S) OF EVALUATING OBJECTIVE(S) AND DOCUMENTATION
<p>4.2 By June 30, 2007, CHMC will provide redetermination assistance to clients who submitted their original application elsewhere, but have requested redetermination assistance from CHMC.</p> <p>"Provide redetermination assistance" is defined as helping clients to complete health insurance re-certification paperwork.</p>	<p>4.2a Conduct redetermination assistance and document on DHS approved redetermination form using the appropriate codes.</p> <p>4.2b Enter data from DHS approved redetermination form into DHS data system.</p>	<p>7/1/06-ongoing</p> <p>7/1/06-ongoing</p>	<p>4.2a Completed forms will be kept on file.</p> <p>4.2b DHS data system will be queried to generate number of "non-agency" clients receiving redetermination assistance in monthly reports submitted to DHS.</p>
<p>5.1 By June 30, 2007, CHMC will have a minimum of 75% retention rate at 14 months for a sample of clients who submitted applications and were confirmed enrolled (Objective 2.1)</p> <p>"Retention rate is defined as the number of clients who are still enrolled 14 months after submission of application. "Sample" is defined as a subset of clients who applied over a one-month period (month to be determined by DHS) who are contacted by CHMC 14 months later to determine enrollment status.</p>	<p>5.1a Review and revise, as needed, retention protocol. Submit to DHS for approval.</p> <p>5.1b Conduct retention contacts/verification and document results.</p> <p>5.1c Enter data from retention contacts/verification into DHS data system.</p>	<p>By 8/1/06</p> <p>7/1/06-ongoing</p> <p>7/1/06-ongoing</p>	<p>5.1a Letter(s) of DHS approval and materials will be kept on file.</p> <p>5.1b Completed forms will be kept on file and documented in monthly reports submitted to DHS via database.</p> <p>5.1c DHS data system will be queried to generate 14 month retention rate for a sample of clients in monthly reports submitted to DHS.</p>

**EXHIBIT B-4
SCOPE OF WORK**

FISCAL YEAR 2006- 2007

Goal: To increase access to health care by assisting children and their families in Los Angeles County to enroll in health coverage programs and utilize and retain these benefits.

Note: All materials listed under implementation activities and documentation must be kept on file and available for random sampling and auditing by DHS.

Measurable Objective(s)	Implementation Activities	Timeline	METHOD(S) OF EVALUATING OBJECTIVE(S) AND DOCUMENTATION
<p>6.1 By June 30, 2007, CHMC will enter data on program participants into DHS' web-based data system to monitor, facilitate, and evaluate health insurance enrollment and retention.</p> <p>"Enter" is defined as either 1) directly entering required data elements into the DHS web-based data system available to all contractors or 2) uploading required data elements into the DHS data system from an agency-created database using a data conversion program approved by DHS.</p>	<p>6.1a CHMC will continue to maintain any necessary computer hardware or software in order to access the Internet.</p> <p>6.1b Train appropriate personnel on data entry.</p> <p>6.1c Enter data into DHS' web-based data system.</p> <p>6.d Run monthly report and send signed copy to DHS.</p>	<p>By 8/1/06</p> <p>By 8/1/06-ongoing</p> <p>7/1/06-ongoing</p> <p>By 8/1/06-ongoing</p>	<p>6.1a Agency will demonstrate the ability to access the Internet.</p> <p>6.1b Documentation of training from project coordinator and issuance of username and password for data input.</p> <p>6.1c DHS database.</p> <p>6.1d Maintain copies of signed monthly reports on file.</p>
<p>7.1 By June 30, 2007, CHMC will ensure that 100% of enrollment staff, including staff at subcontracting agencies, is fully trained to provide outreach, enrollment, utilization and retention services and all new staff are fully trained within 30 days of their start date.</p> <p>"Fully trained" is defined as participation in the DHS approved Comprehensive Training "Core", CAA and Healthy Kids Training.</p>	<p>7.1a Attend DHS approved comprehensive training.</p>	<p>By 8/1/06-ongoing</p>	<p>7.1a Maintain certificates of attendance in employee files.</p>
<p>8.1 By June 30, 2007, CHMC will participate in a minimum of 10 of the monthly contractor meetings.</p> <p>"Participate" is defined as attendance by at least one representative from CHMC.</p>	<p>8.1a Attend contractors monthly meeting.</p>	<p>7/1/06-ongoing</p>	<p>8.1a Document name of individual attending monthly meeting in monthly reports to DHS.</p>

Contractor: Catholic Healthcare West So. California dba California Hospital Medical Center
 Contract #:

**EXHIBIT B-4
 SCOPE OF WORK**

FISCAL YEAR 2006- 2007

Goal: To increase access to health care by assisting children and their families in Los Angeles County to enroll in health coverage programs and utilize and retain these benefits.

Note: All materials listed under implementation activities and documentation must be kept on file and available for random sampling and auditing by DHS.

Measurable Objective(s)	Implementation Activities	Timeline	METHOD(S) OF EVALUATING OBJECTIVE(S) AND DOCUMENTATION
9.1 By June 30, 2007, CHMC will participate in 100% of the Outreach, enrolment utilization, and retention required evaluation activities.	9.1a Contractor shall work with DHS for compilation of data, review of outreach efforts, and tracking subcontractors' activities and projects.	7/1/06-ongoing	9.1a Maintain all materials/tools, records of workload reports, enrollment figures and data on file.
10.1 By June 30, 2007, Contractor will conduct 100% of Quality Improvement Plan (QIP) Activities.	10.1a Review and revise, as needed, a QIP describing a process for ensuring continual progress toward measurable objectives, client satisfaction, and success of outreach, enrollment, utilization, and retention services. 10.1b Conduct QIP activities.	By 8/1/06 7/1/06-ongoing	10.1a Submit QIP to DHS for approval. Letter of QIP approval will be maintained on file. Material to be available for random sampling and auditing by DHS. 10.1b Document QIP appropriate activities in monthly reports to DHS.

**EXHIBIT B-4
SCOPE OF WORK**

FISCAL YEAR 2006- 2007

Goal: To increase access to health care by assisting children and their families in Los Angeles County to enroll in health coverage programs and utilize and retain these benefits.

Note: All materials listed under implementation activities and documentation must be kept on file and available for random sampling and auditing by DHS.

Measurable Objective(s)	Implementation Activities	Timeline	METHOD(S) OF EVALUATING OBJECTIVE(S) AND DOCUMENTATION
<p>11.1 By June 30, 2007, CHMC will ensure that 100% of funded staff participates in the Medi-Cal Administrative Activities (MAA) reimbursement program.</p> <p>CHMC staff funded through this County agreement will attend annual MAA training and complete an annual MAA time survey.</p> <p>Staff hired subsequent to time survey month will be trained at next fiscal year's MAA training.</p>	<p>11.1 Schedule contractor staff members for DHS MAA training.</p> <p>Ensure that contractor staff members attend DHS MAA training.</p> <p>Ensure that contractor staff members complete annual MAA time survey.</p> <p>Monitor staff's timely completion of MAA time surveys; conduct verification of work activities and recorded time expended; attach time survey to employee time card and time card correction form and reconcile these documents.</p> <p>Approve MAA time surveys; submit the following to DHS: the survey form with employee time card and time card correction form attached, DHS approved outreach and health education materials, and a written attestation confirming correctness of recorded time survey activities and time expended.</p> <p>Attend scheduled DHS meetings to discuss the MAA federal reimbursement program (project manager/coordinator).</p> <p>Participate in MAA audit, as scheduled by State and federal agencies.</p>	<p>By 8/1/06</p> <p>By 9/6/06</p> <p>9/1/06 - 9/30/06</p> <p>9/1/06 - 10/5/06</p> <p>By 10/12/06</p> <p>Ongoing</p> <p>Ongoing</p>	<p>11.1 Verification of MAA training for contractor staff members will be kept on file.</p> <p>A listing of trained staff and a copy of training materials will be kept on file.</p> <p>A copy of time survey forms will be kept on file.</p> <p>A copy of time survey forms, time cards, and time card correction forms will be kept on file.</p> <p>A copy of time survey forms, time cards, time card correction forms, outreach and health education materials, and written attestation document will be kept on file.</p> <p>Meeting agendas and notes will be kept on file.</p> <p>A copy of time survey forms, time cards, time card correction forms, and outreach and health education materials will be kept on file; contractor staff members will be available for interviews during audit period.</p>

EXHIBIT B-5
SCOPE OF WORK

FISCAL YEAR 2007- 2008

Goal: To increase access to health care by assisting children and their families in Los Angeles County to enroll in health coverage programs and utilize and retain these benefits.

Note: All materials listed under implementation activities and documentation must be kept on file and available for random sampling and auditing by DHS.

Measurable Objective(s)	Implementation Activities	Timeline	METHOD(S) OF EVALUATING OBJECTIVE(S) AND DOCUMENTATION
<p>1.1 By June 30, 2008, Catholic Healthcare West Southern California dba California Hospital Medical Center (CHMC) will have successfully engaged a minimum of <u>7,500</u> of the target population in an outreach contact.</p> <p>SPA 4 <u>3,750</u> SPA 6 <u>3,750</u></p> <p>"Successfully engaged" is defined as having documented agency outreach contacts (see Implementation Activities 1.1d and Methods of Evaluating Objectives 1.1c)</p> <p>An "outreach contact" is defined as speaking directly either in person or by telephone with a client or potential client for at least five minutes to publicize available health care options and services. Outreach Contacts may include education, promotion, presentations, and informational activities and may be to individuals or groups of people.</p>	<p>1.1a Review and revise, as needed, outreach protocol including: outreach contact forms/event summary sheets, sign-in sheets, and educational materials. Outreach and educational materials shall be culturally and linguistically appropriate and include information regarding Healthy Kids, Medi-Cal, Healthy Families, public benefits programs and other no or low-cost health programs. Submit to Department of Health Services (DHS) for approval.</p> <p>1.1b Schedule outreach and maintain a list or calendar of sites, dates, and times.</p> <p>1.1c Conduct events (presentations, fairs, etc.) and complete event summaries. Event summaries to include site, date, outreach workers(s), flyers, number of individuals contacted, sign-in sheets, if appropriate, and materials presented.</p> <p>1.1d Conduct outreach and maintain contact documentation including but not limited to: sites, dates, name of outreach worker, number of individuals contacted, family name/identifier.</p> <p>1.1e Enter documentation of outreach numbers into DHS database.</p>	<p>By 8/1/07</p> <p>7/1/07-ongoing</p> <p>7/1/07-ongoing</p> <p>7/1/07-ongoing</p> <p>7/1/07-ongoing</p>	<p>1.1a DHS letters of approval on file and materials will be kept on file.</p> <p>1.1b Documents will be kept on file and summary of events will be submitted with monthly reports to DHS.</p> <p>1.1c Documents will be kept on file and number of participants will be reported to DHS in monthly reports.</p> <p>1.1d Completed documentation will be kept on file.</p> <p>1.1e Data system will be queried to generate outreach numbers.</p>

EXHIBIT B-5
SCOPE OF WORK

FISCAL YEAR 2007- 2008

Goal: To increase access to health care by assisting children and their families in Los Angeles County to enroll in health coverage programs and utilize and retain these benefits.

Note: All materials listed under implementation activities and documentation must be kept on file and available for random sampling and auditing by DHS.

Measurable Objective(s)	Implementation Activities	Timeline	METHOD(S) OF EVALUATING OBJECTIVE(S) AND DOCUMENTATION
<p>2.1 By June 30, 2008, CHMC will have completed applications for a minimum of 3,500 clients in for Healthy Kids, Medi-Cal, Healthy Families, Kaiser Cares for Kids 1 or 2, Access for Infants and Mothers, or California Kids. CHMC will also provide clients with referrals to appropriate health programs or health agencies.</p> <p>SPA 4 <u>1,750</u> SPA 6 <u>1,750</u></p> <p>"Completed applications" is defined as assisting clients to fill out health insurance applications line-by-line, through in-person or telephone assistance. It may also be defined as providing in-depth assistance (troubleshooting) toward facilitating enrollments for clients whose applications were completed by another agency or DPSS.</p> <p>"Referrals" are defined as referring clients in person or by telephone for services to other health programs (i.e. CHDP, CCS, PPP/DHS, early detection programs, legal services for health issues, etc.) Referral must include explanation of programs and eligibility screening of the client if the program has eligibility requirements. Does not include referrals for shelter, child-care, or other non-direct health needs.</p>	<p>2.1a Review and revise, as needed, enrollment protocol. Submit to DHS for approval.</p> <p>2.1b Conduct enrollment activities utilizing DHS approved client intake and enrollment verification forms.</p> <p>2.1c Enter data from DHS approved forms into DHS data system utilizing appropriate codes.</p> <p>2.1d Review and revise, as needed, referral protocol and submit to DHS for approval.</p> <p>2.1e Screen and refer clients for appropriate services. Document referral information with appropriate codes on client intake form.</p>	<p>By 8/1/07</p> <p>7/1/07-ongoing</p> <p>7/1/07-ongoing</p> <p>By 8/1/07</p> <p>7/1/07-ongoing</p>	<p>2.1a DHS letters of approval and materials on file.</p> <p>2.1b Completed materials (i.e. client intake and enrollment verification forms) will be kept on file and number of participants documented in monthly reports to DHS.</p> <p>2.1c For monthly reports, DHS data system will be queried to generate number of applications submitted.</p> <p>2.1d DHS letters of approval on file.</p> <p>2.1e. Maintain client intake forms with services/program referral information</p>

**EXHIBIT B-5
SCOPE OF WORK**

FISCAL YEAR 2007 - 2008

Goal: To increase access to health care by assisting children and their families in Los Angeles County to enroll in health coverage programs and utilize and retain these benefits.

Note: All materials listed under implementation activities and documentation must be kept on file and available for random sampling and auditing by DHS.

Measurable Objective(s)	Implementation Activities	Timeline	METHOD(S) OF EVALUATING OBJECTIVE(S) AND DOCUMENTATION
<p>2.2 By June 30, 2008, CHMC will have investigated enrollment status within three months of application completion date on a minimum of 100% of clients for whom agency assisted with or facilitated applications as measured in Objective 2.1</p> <p>This objective documents agency effort to ascertain enrollment status.</p> <p>"Investigated enrollment status" is defined as 1) attempted contact with clients within three months of application completion date to find out whether or not client has received insurance card or 2) checking status with appropriate insurer through telephone or computer (i.e. MEDS).</p>	<p>2.2a Review and revise, as needed, enrollment verification protocol. Submit to DHS for approval.</p> <p>2.2b Conduct enrollment verification using DHS approved enrollment verification forms.</p> <p>2.2c Enter data from DHS approved forms into DHS data system.</p>	<p>By 8/1/07</p> <p>7/1/07 – ongoing</p> <p>7/1/07- ongoing</p>	<p>2.2a Letter(s) of DHS approval and materials will be kept on file.</p> <p>2.2b Completed client enrollment verification and troubleshooting forms/reports will be kept on file.</p> <p>2.2c DHS data system will be queried to generate number of clients for whom enrollment status has been investigated in monthly reports submitted to DHS.</p>
<p>2.3 By June 30, 2008, CHMC will have confirmed enrollment on 75% of client applications assisted with or facilitated by CHMC as measured in Objective 2.1</p> <p>The objective documents enrollment outcome.</p> <p>"Confirmed enrollment" is defined as 1) client has stated that they received notification from insurer or 2) appropriate insurer or computer system has verified that client has been successfully enrolled.</p>	<p>2.3a Document dates of enrollment follow-up and enrollment status on enrollment verification and troubleshooting form.</p> <p>2.3b Enter data from DHS approved forms into DHS database.</p>	<p>7/1/07 – ongoing</p> <p>7/1/07- ongoing</p>	<p>2.3a Completed client enrollment verification and troubleshooting forms/reports will be kept on file.</p> <p>2.3b DHS data system will be queried to generate number of clients who have been confirmed enrolled in monthly reports submitted to DHS.</p>

EXHIBIT B-5
SCOPE OF WORK

FISCAL YEAR 2007-2008

Goal: To increase access to health care by assisting children and their families in Los Angeles County to enroll in health coverage programs and utilize and retain these benefits.

Note: All materials listed under implementation activities and documentation must be kept on file and available for random sampling and auditing by DHS.

Measurable Objective(s)	Implementation Activities	Timeline	METHOD(S) OF EVALUATING OBJECTIVE(S) AND DOCUMENTATION
<p>3.1 By June 30, 2008, CHMC will provide ongoing assistance to 2,500 clients experiencing problems with enrollment, utilizing benefits, or retention.</p> <p>SPA 4 <u>1,250</u> SPA 6 <u>1,250</u></p> <p>"Ongoing assistance" is defined as in-depth troubleshooting or problem solving designed to help clients overcome barriers to health insurance enrollment, utilization, or retention. Does not include assistance with redetermination (measured in Objective 4.1). Assistance may be provided to 1) clients who originally applied with CHMC or 2) clients who submitted applications with another agency or DPSS but have requested assistance from CHMC.</p>	<p>3.1a Review and revise, as needed, utilization protocol and submit to DHS for approval.</p> <p>3.1b Conduct troubleshooting/problem solving for clients. Document results on appropriate forms.</p> <p>3.1c Enter data from DHS approved forms into DHS database.</p>	<p>By 8/1/07</p> <p>7/1/07 - ongoing</p> <p>7/1/07 - ongoing</p>	<p>3.1a Letter(s) of DHS approval and materials will be kept on file.</p> <p>3.1b Completed forms will be kept on file and documented in monthly reports to DHS.</p> <p>3.1c DHS database will be queried to generate numbers of clients receiving ongoing assistance in monthly reports submitted to DHS.</p>
<p>4.1 By June 30, 2008, CHMC will offer redetermination assistance at 11-12 months to 75% of clients whose applications were assisted or facilitated by CHMC in Objective 2.1 and were confirmed enrolled.</p> <p>"Offer redetermination assistance" is defined as attempting to contact 100% of clients and making successful contact with 75% of clients either in-person or by telephone to determine whether redetermination assistance is desired.</p>	<p>4.1a Review and revise, as needed, redetermination protocol and submit to DHS for approval.</p> <p>4.1b Conduct redetermination assistance and document results on redetermination form using the appropriate codes.</p> <p>4.1c Enter data from DHS approved redetermination form into DHS database.</p>	<p>By 8/1/07</p> <p>7/1/07 - ongoing</p> <p>7/1/07 - ongoing</p>	<p>4.1a Letter(s) of DHS approval and materials will be kept on file.</p> <p>4.1b Completed forms will be kept on file and documented in monthly reports to DHS via database.</p> <p>4.1c DHS data system will be queried to generate number of clients offered redetermination assistance at 11-12 months in monthly reports submitted to DHS.</p>

EXHIBIT B-5
SCOPE OF WORK

FISCAL YEAR 2007- 2008

Goal: To increase access to health care by assisting children and their families in Los Angeles County to enroll in health coverage programs and utilize and retain these benefits.

Note: All materials listed under implementation activities and documentation must be kept on file and available for random sampling and auditing by DHS.

Measurable Objective(s)	Implementation Activities	Timeline	METHOD(S) OF EVALUATING OBJECTIVE(S) AND DOCUMENTATION
<p>4.2 By June 30, 2008, CHMC will provide redetermination assistance to clients who submitted their original application elsewhere, but have requested redetermination assistance from CHMC.</p> <p>"Provide redetermination assistance" is defined as helping clients to complete health insurance re-certification paperwork.</p>	<p>4.2a Conduct redetermination assistance and document on DHS approved redetermination form using the appropriate codes.</p> <p>4.2b Enter data from DHS approved redetermination form into DHS data system.</p>	<p>7/1/07-ongoing</p> <p>7/1/07-ongoing</p>	<p>4.2a Completed forms will be kept on file.</p> <p>4.2b DHS data system will be queried to generate number of "non-agency" clients receiving redetermination assistance in monthly reports submitted to DHS.</p>
<p>5.1 By June 30, 2008, CHMC will have a minimum of 75% retention rate at 14 months for a sample of clients who submitted applications and were confirmed enrolled (Objective 2.1)</p> <p>"Retention rate is defined as the number of clients who are still enrolled 14 months after submission of application. "Sample" is defined as a subset of clients who applied over a one-month period (month to be determined by DHS) who are contacted by CHMC 14 months later to determine enrollment status.</p>	<p>5.1a Review and revise, as needed, retention protocol. Submit to DHS for approval.</p> <p>5.1b Conduct retention contacts/verification and document results.</p> <p>5.1c Enter data from retention contacts/verification into DHS data system.</p>	<p>By 8/1/07</p> <p>7/1/07-ongoing</p> <p>7/1/07-ongoing</p>	<p>5.1a Letter(s) of DHS approval and materials will be kept on file.</p> <p>5.1b Completed forms will be kept on file and documented in monthly reports submitted to DHS via database.</p> <p>5.1c DHS data system will be queried to generate 14 month retention rate for a sample of clients in monthly reports submitted to DHS.</p>

**EXHIBIT B-5
SCOPE OF WORK**

FISCAL YEAR 2007- 2008

Goal: To increase access to health care by assisting children and their families in Los Angeles County to enroll in health coverage programs and utilize and retain these benefits.

Note: All materials listed under implementation activities and documentation must be kept on file and available for random sampling and auditing by DHS.

Measurable Objective(s)	Implementation Activities	Timeline	METHOD(S) OF EVALUATING OBJECTIVE(S) AND DOCUMENTATION
<p>6.1 By June 30, 2008, CHMC will enter data on program participants into DHS' web-based data system to monitor, facilitate, and evaluate health insurance enrollment and retention.</p> <p>"Enter" is defined as either 1) directly entering required data elements into the DHS web-based data system available to all contractors or 2) uploading required data elements into the DHS data system from an agency-created database using a data conversion program approved by DHS.</p>	<p>6.1a CHMC will continue to maintain any necessary computer hardware or software in order to access the Internet.</p> <p>6.1b Train appropriate personnel on data entry.</p> <p>6.1c Enter data into DHS' web-based data system.</p> <p>6.d Run monthly report and send signed copy to DHS.</p>	<p>By 8/1/07</p> <p>By 8/1/07-ongoing</p> <p>7/1/07-ongoing</p> <p>By 8/1/07-ongoing</p>	<p>6.1a Agency will demonstrate the ability to access the Internet.</p> <p>6.1b Documentation of training from project coordinator and issuance of username and password for data input.</p> <p>6.1c DHS database.</p> <p>6.1d Maintain copies of signed monthly reports on file.</p>
<p>7.1 By June 30, 2008, CHMC will ensure that 100% of enrollment staff, including staff at subcontracting agencies, is fully trained to provide outreach, enrollment, utilization and retention services and all new staff are fully trained within 30 days of their start date.</p> <p>"Fully trained" is defined as participation in the DHS approved Comprehensive Training "Core", CAA and Healthy Kids Training.</p>	<p>7.1a Attend DHS approved comprehensive training.</p>	<p>By 8/1/07-ongoing</p>	<p>7.1a Maintain certificates of attendance in employee files.</p>
<p>8.1 By June 30, 2008, CHMC will participate in a minimum of 10 of the monthly contractor meetings.</p> <p>"Participate" is defined as attendance by at least one representative from CHMC.</p>	<p>8.1a Attend contractors monthly meeting.</p>	<p>7/1/07-ongoing</p>	<p>8.1a Document name of individual attending monthly meeting in monthly reports to DHS.</p>

**EXHIBIT B-5
 SCOPE OF WORK**

FISCAL YEAR 2007- 2008

Goal: To increase access to health care by assisting children and their families in Los Angeles County to enroll in health coverage programs and utilize and retain these benefits.

Note: All materials listed under implementation activities and documentation must be kept on file and available for random sampling and auditing by DHS.

Measurable Objective(s)	Implementation Activities	Timeline	METHOD(S) OF EVALUATING OBJECTIVE(S) AND DOCUMENTATION
9.1 By June 30, 2008, CHMC will participate in 100% of the Outreach, enrollment utilization, and retention required evaluation activities.	9.1a Contractor shall work with DHS for compilation of data, review of outreach efforts, and tracking subcontractors' activities and projects.	7/1/07-ongoing	9.1a Maintain all materials/tools, records of workload reports, enrollment figures and data on file.
10.1 By June 30, 2008, Contractor will conduct 100% of Quality Improvement Plan (QIP) Activities.	10.1a Review and revise, as needed, a QIP describing a process for ensuring continual progress toward measurable objectives, client satisfaction, and success of outreach, enrollment, utilization, and retention services. 10.1b Conduct QIP activities.	By 8/1/07 7/1/07-ongoing	10.1a Submit QIP to DHS for approval. Letter of QIP approval will be maintained on file. Material to be available for random sampling and auditing by DHS. 10.1b Document QIP appropriate activities in monthly reports to DHS.

**EXHIBIT B-5
SCOPE OF WORK**

FISCAL YEAR 2007- 2008

Goal: To increase access to health care by assisting children and their families in Los Angeles County to enroll in health coverage programs and utilize and retain these benefits.

Note: All materials listed under implementation activities and documentation must be kept on file and available for random sampling and auditing by DHS.

Measurable Objective(s)	Implementation Activities	Timeline	METHOD(S) OF EVALUATING OBJECTIVE(S) AND DOCUMENTATION
<p>11.1 By June 30, 2008, CHMC will ensure that 100% of funded staff participates in the Medi-Cal Administrative Activities (MAA) reimbursement program.</p> <p>CHMC staff funded through this County agreement will attend annual MAA training and complete an annual MAA time survey.</p>	<p>11.1 Schedule contractor staff members for DHS MAA training.</p>	By 8/1/07	11.1 Verification of MAA training for contractor staff members will be kept on file.
	<p>Ensure that contractor staff members attend DHS MAA training.</p>	By 9/6/07	A listing of trained staff and a copy of training materials will be kept on file.
	<p>Ensure that contractor staff members complete annual MAA time survey.</p>	9/1/07 - 9/30/07	A copy of time survey forms will be kept on file.
	<p>Monitor staff's timely completion of MAA time surveys; conduct verification of work activities and recorded time expended; attach time survey to employee time card and time card correction form and reconcile these documents.</p>	9/1/07 - 10/5/07	A copy of time survey forms, time cards, and time card correction forms will be kept on file.
	<p>Approve MAA time surveys; submit the following to DHS: the survey form with employee time card and time card correction form attached, DHS approved outreach and health education materials, and a written attestation confirming correctness of recorded time survey activities and time expended.</p>	By 10/12/07	A copy time of survey forms, time cards, time card correction forms, outreach and health education materials, and written attestation document will be kept on file.
	<p>Attend scheduled DHS meetings to discuss the MAA federal reimbursement program (project manager/coordinator).</p>	Ongoing	Meeting agendas and notes will be kept on file.
	<p>Participate in MAA audit, as scheduled by State and federal agencies.</p>	Ongoing	A copy of time survey forms, time cards, time card correction forms, and outreach and health education materials will be kept on file; contractor staff members will be available for interviews during audit period.